VS A15 (4) 15M 9/55

1		-
ed by the attending physicion and campletely filled in the funeral director, the	mit. Then please remave carbon papers. Pages 1 o should be filed with	(
ai pa	10)
itely fille	Poges	
cample	popers.	eath.
on ond	carbon	after de
physici	гетаме	2 house
attending	please	any event within 72 house ofte
the c	Then	event
pd by	H.	any

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2637 CERTIFICATE OF DEATH

		2	637	CERTI	FICA	TE OF I	DEATH	1		8	log. Dist.	1258	54
	PLACE OF DEATH o. COUNTY Anne	Arundel		MARY	LAND	2. USUAL RESI	Md.	ere decease	d lived. If in b. CO	nstitution:			
	b. CITY OR TOWN (If a RURAL and give near Glen Burn	est town)	its, write	c. LENGTH OF STAY			town (If o		orate limits, v	vrite RUR	AL ond give	nearest tow	n)
	d. NAME OF HOSPITAL			V		d. STREET	ADDRESS		High	way	SE	ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	William	rst	Middle H.		Adams	-	4. DATE OF DEATH		Month		Day	Yeor 19 5 4
5.	Male	White	7. MARR	NEVER MARRIED DIVORCE		Jan. 2		74	9. AGE (In lost birth		UNDER 1 YE	-	-
100	usual occupation during most of working Retired	(Give kind of work o life, even if retired Printer	done 10b.	KIND OF BUSINESS O	R INDUST		ACE (Sion	-			12. CITIZEN	USA	T COUNTRY
13.	FATHER'S NAME Rob	ert Adam	ns			14. MOTHER'S			ongwo	rth	To Sea		
	WAS DECEASEDEVER I	N U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	7 Mr	ormant s Mary	y Ell	en A	dams,	Address		2	
	Conditions, if ony gove rise to improve (a), storing the lying couse lost.	mediate (7.57		e Card				772			
CATION	PART II. OTHER	S SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITIO	N GIVEN	IN PART 1(o	PERF	AUTOPSY ORMED?
CERTIFI	20g. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature o	of injury in f	Port I or Por	rt II of item 1	B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED Not while t of wark	20e. PLAC	E OF INJURY ory, street, offic	(Home, farm e bldg., etc.	, 20f. (Cit	y or town)		" (Caun	(y)	(State)
	21. I certify that alive an Actual SIGNATURE PHYSICIAN'S G. NAME (Type)	rch 3 PMACA	195		death	.b. 204	6A.	M, from	m the cau direct, city or ghway	town, sto	d on the (date stot	PATE SIGNE
22	BURIAL CREMATION,	22b. DATE THERES	OF .	22c. NAME OF CEMI		CREMATORY		22d. LOCA	TION (City. I	lown, or o		(Sta	
23.	FUNERAL DIRECTOR'S S	nd Kirk	lfün Ley,	Glen Bur	nie.	Md.	240. REC'I	BY REGIS		REGISTR	AR'S SIGNA		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2594 eral directar, be filed with with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND havrs after death. funeral b. CHY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. RITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give neorest town) ould d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 2 6 NAME OF First Middle 4. DATE DECEASED 24 OF DEATH ROF (Type or print) 5. SEX 6. COLOR OR RACE 7/ MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 2 yrs. 8. DATE OF BIRTH completely WIDOWED [DIVORCED [popers. executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. 8IRTHPLACE (State or foreign country) during most of working life, eyes if retired) puo 60 JHUSEYE. carban ofter (pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician certificate remove 2 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. UIO death a 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: Mul IMMEDIATE CAUSE (a) DUE TO by Conditions, if any, which has been signed gave rise to immediate DUE TO carse (a), stating the underburial-transit and lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture as the

20d. INJURY OCCURRED

of work

Not while

ADDRESS

we

22c. NAME OF CEMETERY OR CREMATORY

and that death accurred at

of work

20e. PLACE OF INJURY

e. IS RESIDENCE

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

Days

ON A FARM? YES T NOT

Yeor

197

Reg. Dist. No.

condial	milo	uction		12	y eur
truy d	insc	LN'2-		C	nuer.
UT NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN IN F	PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO
RED. (Enter noture o	f injury in f	art I ar Part II of i	tem 18.)		
PLACE OF INJURY (foctory, street, office	Home, farm bidg., etc.	20f. (City or tov	rn)	(County)	(Stole)
, 19 <u>55</u> ith accurred at	730		causes and ar		te stated abave. DATE SIGNED
	èm	apolis.	wd.		
OR CREMATORY		22d. LOCATION (City, tawn, or count	y) /	(Stote)
f.	24a. REC'I	AR 3 0 '59	24b. REGISTRAR'S		

Month

Months

TO HOSPITAL TO FUNER VS A15 (4)

ined by the det

00

crematian,

prior

ached for use

20c. TIME OF INJURY Month,

o. m.

alive on M

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

Day, Year

21. I certify that I attended the deceased from

22b. DATE THEREOF

		3	
		4340	
	The Control of		2 K 12 LE
The state of the s	,321		and the same of the
	The contract of the contract o		
	The contract of the contract o		

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2595	CERTIFICATE	OF	DEATH	Re

02586 Reg. Dist. No

		<u> </u>										
1. PLACE OF DEATH o. COUNTY Anne Ar	undel		MAR	YLAND	o. STATE	ence (wi	here deceased	d lived. If institut b. COUNTY				
b. CITY OR TOWN RURAL ond give r	(If outside corporate limi	ts, write	c. LENGTH OF STAT	IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Annapolis	Act and a contract of the cont		4 Yrs. A	ppro	10 Annap	olis						
d. NAME OF HOSPI	ITAL (If not in hospital, g	ive street			d. STREET AD	DRESS				e.	ts RESI	DENCE FARM?
	Wardour, A	nna.	Md.		Seven 0	aks,	Wardo	ur			YES	
3. NAME OF DECEASED	Fir		Middl		Lost		4. DATE OF DEATH	Mod		Day	Y	'ear
(Type or print)	Laur	ie	Elwa		ALLGOO	D	DEATH	MAR		25		9 59
5. SEX	6. COLOR OR RACE	7. MARE	NED NEVER MARR	IED 🔲	B. DATE OF BIRTH			9. AGE (In years last birthday)	Months (Hours	R 24 HRS. Min.
F	Cau	WIDOWI				189		67. yrs.		Days	nours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work or rking life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CITIZ	ZEN OF	WHAT	COUNTRY
Housewife			usewife-Re	altor	New	Yor	k		U	J.S.		
13. FATHER'S NAME				192	14. MOTHER'S A							
Elward	SMITH			35	Fr	ance	s CAIR	NS				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	O. 17. IN	IFORMANT				Wolfe	Stre	ant	
			76-12-6433	CAF	TAIN Elw	ard	Baldri		andria		irgi	nia
	ATH [Enter only one co	use per li	ne for (o), (b), and (c))-] ()		()					VAL BET	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (5	rithal	le	harman	day	i i				CUS	
443X	DUE TO		Λ ٢			1	1/4		7.31	1		
Conditions, if	ony, which) (h	Her	mitanin	ca	idientes	with	in di	14 all		1	111	-
gove rise to codise (a), stating		0	V			3 4			-		1	
lying couse lost.)							1.00		1	
A T	THER SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART	1	PERFOR	NO V
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED). (Enter nature of	injury in	Port I or Port	t II of item 18.)				
20c. TIME OF INJU Hour o. m.		or 20d. II While	NJURY OCCURRED Not while		CE OF INJURY (He			or town)	(Co	ounty)		(Stote)
p. m.	19	of wor							500			
21. I certify t	hat I attended the	deceas	ed from	157	19	ta	Ma	rels, 19 5	Lithat I le	ast sav	v the	deceased
alive an M	arch 10	. 19	agets		accurred at_							
Λ.	1 011	1			40001104 462			reet, city or town,		c dare		TE SIGNED
ACTUAL SIGNATURE	huti-15	30	when		M.D					2	3/27	189
PHYSICIAN'S											1	7
NAME (Type)	John L.	HEDE	MAIN		121 C	athe	dral S	treet, A	nnapol	ls,	Md.	
220. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEA	AETERY OF	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stote)
emormora-buri	almarch 27,	59	Woodlawn	Ceme	etery		Woo	dlawn, N	lew Yor	k		
22. FUNERAL DIRECTO	R'S CIONATURE	1/	ADDRESS			24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN			
HOPPING FO	INERAL HOME	Ai	nnapolis,	Mary]	and	DATE MA	NR 3 0 '5	9 an	Thung & 1	Sauce A		

	AL:			
			`	
	The state of the s			
	ear-seapore seemen as a seemen			
	and the second second second			
	The second second			
	at A. P. C. St.			or officer 1 TO
				AND STATE OF
10_				
Supplied Annual Control	BORE HATELER TO FAMILIES	, ·Io		

02587

	259	2	CERTIF	ICA	IE OF	DEATE	1		Reg. Di	st. No		
1. PLACE OF DEATH O. COUNTY An	ne Arunde	1	MARYLA	- 11	2. USUAL RES o. STATE	Md.	ere decease	d lived. If instituti b, COUNTY	on: Resider	nce befo	re admiss	iion)
Annapol	(If outside corporate lim parest town)	its, write	c. LENGTH OF STAY IN	116	c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Gambrills							n)
d. NAME OF HOSPI		d. STREET		cade	my Dair	v Fa	mer	o, IS RES	FARM?			
3. NAME OF DECEASED (Type or print)	(Type or print) Jauniata Mamie				nders	is†	4. DATE OF DEATH	Mor	ith	1,		Year 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED		Jan.	8,193	39	9. AGE (In years last birthday) 20 yrs.	IF UNDER Manths	Days	Hours	ER 24 HRS. Min.
during most of wor HOUSEW	INDUSTR	_	nness		ountry)	12. CI1	US		COUNTRY			
13. FATHER'S NAME Wal: 15. WAS DECEASED EVI	lace Robe		SOCIAL SECURITY NO	17 INE	14. MOTHER		e Va	ughn				
(Yes, no. or unknown) NO	(If yes, give wor or dates of none	service)	none		rles	Ander	son.		s 2			
PART I. DE. 75 4, 7 Conditions, if a gove rise to i couse (o), stoting lying couse lost.	the under-	of Cer	abral He ngenital	m e An	nevri	sm.				ON: 2	ERVAL BE	DEATH
200. ACCIDENT/W.	HER SIGNIFICANT CON MANCY GUANTE OF DEATH MEDICAL EXAMINER)	1/2 1	CONTRIBUTING TO DEATH	7					EN IN PAR	T f(o)	PERFC	AUTOPSY PRMED2
ZOc. TIME OF INJUI Hour a.m. p.m.	RY Month, Doy, Ye	While	Not while of work	De. PLACI factor	E OF INJURY ry, street, offic	IHome, form, se bldg., etc.	20f. (City	y or town)	((County)		(Stole)
· he	hat I attended the	19 4 The	and that d	19 eath a		6-05E	M, fran	n the causes of treet, gity or town,	and an t		te state	
NAME (Type) 220. BURIAL, CREMATIC BURIAL, CREMATIC BURIAL, CREMATIC	Edward G. 22b. DATE THEREO 3/4/5,9		22c. NAME OF CEMETE					lls , M TION (City, town, on Burnt	or county)	Mo	(Stot	•)
23. FUNERAL DIRECTOR Hopping	and Kirk	tert.	Glen Burn				BY REGIS	TRAR 24b, REGI	STRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 sh. be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 on should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

63

VS A15 (4) 15M 9/55

10654	HIASTRO STA	ADIRITRIDA		
	Communication E		Leoniped El	5 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	AT A ZOV.		5-5-1	
MANUAL COLUMN TOTAL COLUMN	monustrui	about 1		
	RELEAD MET		DOWN TO A COM	# Lean of
			The Variation with the Co.	A STREET
	#10/A			
	onelia Andero		8	v da
The Marie State of the Control of th				
				The same
the major with other traffic for the first of the first o				
ende a List		T. Etwa	in id Lendil	
	a fallenmek i			
			TE DING TO SE	an Zofykli

H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2638

CERTIFICATE OF DEATH

Reg. Dist. No. 02588

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	1/
b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and a	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Se Middle Se	Ange 4. DATE Month OF DEATH MARCH	Day Yeor 2/, 1959
Male White WIDOWED DIVORCED	July3,1907 Just birthday) Months	Doys Hours Min.
106. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Chauffer Self Emp	W. Virginia	12 SIFF
13. FATHER'S NAME To Ange	Mae (Unknown)	
(Yes, no, or urknown) (If yes, give wor or dates of service)	to Mackael Angel Some	As#2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERAL C	Carcinoma	2 MONTHS
Canditions, if any, which gave rise to immediate (b) Carcinoma	of the lengs	2 months
cause (a), stating the <u>under-lying cause last.</u> DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTICE 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 Hour a. m. P. m. 19 While 1 work 1 at wark 1	ACE OF INJURY (Home, form, 20f. (City ar town) (Cotary, street, office bldg., etc.)	County) (State)
21. I certify that I attended the deceased from January alive on March 4, 1959, and that death	3 19.59, to March 4, 19.59, that I I accurred at 21.10 A.M. from the causes and an th	ast saw the deceased ne date stated abave.
ACTUAL SIGNATURE R. M. Me Laughlini	ADDRESS (Street, city or town, state) M.D. RFD8 Box 442 Pasadeua, Ma	Mar. 4, 1957
PHYSICIAN'S R.M. McLaughlin		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O Semoval (Specify) 1 March 7, 1959 London la	ok Balton, Md.	(Stole)
23. FUNERAL DIRECTOR'S SIGNATURE Cope Tourne, Molo	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIG	4 =

e. IS RESIDENCE ON A FARM? YES NO

Year

IF UNDER 24 HRS

PERFORMED? NO

DATE SIGNED

(Slate)

Hours

195

Min.

5M 2/57

The second of th

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be revaided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERA RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State of Health, or its designated agent, prior to buriol, cremation, ar remayal, and in any event within 72 hours after teath

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2640

02590 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
		e Arundel		MARY	AND		yland	b. COUN	18%		eder	2/	
1	b. CITY OR TOWN (IF and give negres) town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside cor	porole limits, write	RORXE	ues l	ediest to	wn)	
4	-	ssup, Md.		18 mos.		Camb	oridge		09.	13.	- 2		
1	d. NAME OF HOSPITA	L OR INSTITUTION (If nat in has	pital, give street address)	d. STREET ADDRESS	5					ESIDENCE	
-	Md. Hous	e of Corre	ction	Hospital								A FARM?	
	3. NAME OF DECEASED (Type or print)	Fir M Ja		Middle		Bell	4. DATE OF DEATH	Marc		7 Doy		9 59	
1	S. SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	B. I	DATE OF BIRTH		9. AGE (In years	IF UNDER	1YEAR	IF UND	ER 24 HRS.	
1	Male		7-6-10		last birthday! 48 yrs.	Months	Days	Hours	Min.				
1	Oa. USUAL OCCUPATIO during mast of working Grocer	N (Give kind of work life, even if retired)	dane 10b. K	CIND OF BUSINESS OR I	NDUSTR	11. BIRTHPLACE (SIG	ote or foreign	country)	12. CIT	IZEN OI	USA	COUNTRY	
Ī	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME						
	Willia	m Bell				Be:	lle Car	ry					
	15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INF	ORMANT		Addres	1				
	[Yes, no, or unknown]	(If yes, give wor or dates of	service)										
	PART I. DEATI	H [Enter only one con H WAS CAUSED BY: MMEDIATE CAUSE (o)		for (o), (b), and (c).] grene of Sma	11	Bowel				INTER	YAL BETWI	IEN VIH	
	Conditions, if on gove rise to immed (o), slating the u couse lost.	nderlying DUE TO		ONTRIBUTING TO DEATH	PLIT NO	NT BELATED TO THE YES	DANNAL DICEAS	SE CONDITION OF	ALEAT INT BACK	7 1/2/1/	2 14/45	AUTORY	
	OTA III	ek sioitiji caiti coit	Dittorts cc	ATTRIBUTION TO DEATH	101140	T KEEKIED TO THE TEN	CANTIAL DISEAS	e combinion of	pad		PERFO	RMED?	
	PART II, OTH	SE WAS TRIBUTING	b. DESCRIBI	E HOW INJURY OCCUR	RED. (Ent	er noture of injury in f	art I ar Port II	of item 18.}	pa	OT SIT			
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yei	While			OF INJURY (Home, for, street, office bldg.,	elc.)	y or town)	(Co	unty)		(Stote)	
	21. I certify th	at I took charge	of the r	remoins described	abov			nspection [, Inqui	ту П	, an	d in my	
	ACTUAL (resulted from:	Natural o	causes 🕱 Accid		CHIEF MEDICAL		Undet	ermined	manne	DATE S	IGNED	
0	SIGNATURE	- Inceller	10.	cery.	-	ASSISTANT MED							
	EXAMINER'S NAME (Type) []	harles S.	Petty			DEPUTY MEDICA		- alle	3/8/5	(9			
	270. BURIAL CREMATION			22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)		(State	e)	
	Burial (Specify)	3-13-59	**	Silent Ci	ty		Camb	ridge,	Maryl.	and			
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24o. RE	C'D BY REGIS	TRAR 24b. REG	STRAR'S SH	GNATUR	E		
	LEON HEN	RY, 222 Ce	dar S	t Cambrid	20.	Md. DATE	PR 1 '5	19 a	Thung &	#			

the state of the s

3 PHYSICIAN OR HOSPITAL. The law requires that the death certificate be executed will may be retained by the hospital or attending physician.

ATTEND The bottom

after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 fours after death. After this certificate has been executed by the attending physician and completely filled the type funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2641 CERTIFICATE OF DEATH

	reg. 17151. 140
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ANNE ARUNDEL MARYLAND	STATE HARVLAND COUNTY ANNE ARUNDEL
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	City (If outside corporate limits, write RURAL and give nearest town)
OR end give neerest town) TOWN (in this place)	X TOWN LAKESherE
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS & / W.K DO	ADDRESS
0 2476 27106	1 3 LUNE DRIVE
3. NAME OF (First) (Middla) DECEASED	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) KEITH EUGENE	BENNETT DEATH MARCH 2, 1959
5. SEX 6. COLOR OR 7. SINGLE, MARRIED 8. DAT WIDOWED, DIVORCED,	E OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS
MALE White (Specify) MARRIED DAL	v 25 1919 39 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, avan if OR INDUSTRY	COUNTRY?
Pelied ECTIENEST MOTION PICTURE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15, PAIRWAS NAME	14. MOTHER & MAIDEN NAME
MAX GONNETT	MARY THEMPSON.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give war or datas of servica)	JEAN BENNETT SLUKE DRIVE
18, MEDICAL C	ERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
178X IMMEDIATE CAUSE (A) CIRCULATOR	Y PAILUNE 12 HOURS
ANTECEDENT CAUSE(S) DUE TO WEIGHT LOS	SS, WIDE SPEAD METASTASES)
GIVING DISE TO THE ABOVE CALLS	13, WIDE GIEND HE MISHOES () VON
	HA OF TESTIS
(C) C/7/C//VO	07 /20//3
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	
198, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?: YES NO X
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory,	21c. WilERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M, et work et work	
22. I hereby certify that I attended the deceased from on 3	-2., 19.59., to 19
.7 2	
alive on	at. 6.11.0M, from the causes and on the date stated above. ADDRESS (Streat, city, town, state) DATE SIGNES
016 // 12 // PD A	ADDRESS (Street, city, town, state) DATE SIGNEY 2 DITIULITY (1 CAL RUPAUF) 2 (5)
23. BURIAL, CREMATION. DATE THEREOF I NAME OF CEMETERY	OR CHEMATORY H. ELEN PURING 3-3-3
23. BURIAL, CREMATION, PARE OF CEMETERY NAME OF CEMETERY	OR CREMATORY (City, town, or county) (Stell)
ByriAL 3/5/59 BALTIMO	URE NATIONAL BALTIMORE Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
DATE MAR 6 '59 Cirthy S. Frank	Barbara M. Schwal 2101 Kreedisch Cive
	and it was a second of

HEAT CERTIFICATE OF DEATH EN LI SALLE TO SHOOT & CALLESTON OF THE

in any event within 72 hours ofter Poge

or removal, and

cremotion,

prior to burial,

ed agent,

MEDICAL

Give Pages 1, File pages

s Office along with form P.M3.

rwarded to the Chief Medical Examiner's Office along writ RECTOR: Page 3 should be used as a burial-transit permit.

the ward "pending" in Chief Medical Examiner

	2642			J CERTIFIC	AIL OI D		Reg. Dist. No	
). PLACE OF DEATH o. COUNTY And	ne Arundel		MARYLAND	o. STATE Mary	CE (Where deceased liveraged)	b. COUNTY	n: Residence bef	are admission)
b. CITY OR TOWN (If and give negrest town)	outside corporale limits, write	RURAL C. L	ENGTH OF STAY IN 16		N (If outside corporo	te limits, write RU	IRAL and give n	earest town)
	verna Park	f nat in hospital,	give street address)	d. STREET ADDRE	SS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	VELE VELE		Middle T e	BEST	4. DATE OF DEATH	Month March	18 Doy	Year 19 59
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		at hirthdayl	UNDER TYEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATIO during most of workin	ON (Give kind of work of g life, even if retired)	done 10b. KIND	OF BUSINESS OR INDUST	Balto,	Margle	m zard	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME	lbert	6. X	3 est	Lelle	EN NAME	acks	on	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15. WAS DECEASED EVER IN U. S. Yes, no. or unknown (If yes, give w	ARMED FORCES		LA.	PRHANT	m	Jack	Kan S	leve	mapar
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA		er line for (0), (b), and (c).] Septicemia due	too	titis	media	, bil	eteral		NTERVAL BELAVEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.			_						
PART II, OTHER SIGNIE	CANT CONDITIO	ONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMIN	AL DISEASI	E CONDITION GIVE	EN IN PART 1	PERFORMED?

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Hour While Not while p. m. al work of work

20f. (City or town) (County) (Stote)

DEPUTY MEDICAL EXAMINER

02592

March 18, 1959

21. I certify that I taak charge of the remains described above,	held an Autapsy	Inspection .	Inquiry [], a	r
opinion death resulted fram: Natural causes , Accident ,	Suicide , Homicio	le [], Undeter	mined manner	

DATE SIGNED

ACTUAL CHIEF MEDICAL EXAMINER TO ASSISTANT MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D.

NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION. 27d LOCATION (City, town, or county) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE MAR 2 3 '59 Circing S. Frank

TO FUNERA or its design VS. AISME 5M 2/57

DEPUTY MEDICAL EXAMINER: This

0

certificate,

	A Book to	
		EPS.
6		
	A Libertal	
	Mark to Etomoli	

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2597	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

3	2001,	Reg. Dist. No.				
	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTYANNE Arundel				
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lown)	c. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town)				
	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION LINE AVU GELGEN	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D				
	3. NAME OF DECEASED (Type or print) Charles B	Lost 4. DATE Month Day Year OF DEATH 3 2 1959				
	M. WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY:				
)	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	Heart Facure Interval Between ONSET AND DEATH				
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	2 asternations				
	N. C.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Port II of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Maur a. m. While Not while of wark at work	ACE OF INJURY (Home, farm., 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)				
	21. I certify that I attended the deceased from 195 alive on 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	occurred at 3.3.4. M, from the causes and on the date stated above				
,	ACTUAL SIGNATURE COCON CONTRACTOR OF STATE CON	M.D. Ses Olives (Street, city or town, stote) DATE SIGNED M.D. 3-23				
	PHYSICIAN'S POREN POR	· DN - Las				
	220. BURIAL CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OF CLOSing metry Clary metry	luck lender Cernold all Co mes				
	23. FUNERAL DIRECTOR'S SIGNATURE of Fink ADDRESS Bus	240. REC'D BY REGISTRAR 246 REGISTRAR 3751 PHATURE				

		ALYDIANI	
MARCH MARCH	NITATE OF BEATH		
		100	
			00 44
			A
	S and specification of the formula of the contract of the cont		
A. T.			
Water Familie			

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

261.2

CERTIFICATE OF DEATH

02595

6010	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
Anne Arundel	Md A.A.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Pasadena	Yasadena
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. street address Tick Neck Road o. 15 RESIDENCE ON A FARM? YES \(\text{VES} \(\text{VES} \) \(\text{VES} \(\text{VES} \)
3. NAME OF First Middle DECEASED (Type or print) Famond S Prodlem	Lost 4. DATE Month Day Year OF DEATH March 18, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR
Male White WIDOWED DIVORCED	April 10.1874 84 yrs. Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
Retired Lumber Mill	Marvland U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no or unknown) (If yes, give war or dates of service) 21/3-34-4288	Clifton Bradley.Tick Neck Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESTO TO	neular accident 2 dain
DUE TO	
Conditions, if ony, which) (b) almeralesed	1 artering
gave rise to immediate	unios curous
couse (o), stating the under-	
lying cause last.) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE TRY I (a) 19. WAS AUTOPS PERFORMED?
arteroselesolie CVD & Cardia	e decompensation I much descumpation NO E
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT AND SUBJECT CVD C CANADA 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	ED. (Enter nature of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stat
Hour a.m. While Not while fa	octory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram. May 1	, 1956 to March 18, 1957, that I last saw the decea
alive on March 17, 19 59, and that death	h accurred at Lits A.M. from the causes and an the date stated abo
0 00.	ADDRESS (Street, city or town, state) DATE SIGI
SIGNATURE A.M. Me Taughlum	" REDY RULL POSAderia hel Marchis
SIGNATURE J.	M.U. / II L. J. / J. P. T. T. L. P. J. Co. G. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co
PHYSICIAN'S R.M. Me falghlan	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
Burial 3/21/59 Oak Lawn	Eastern Ave. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ulustin 6, Nonovan . 3818 Notas	20 Upe DATEMAR 2 3 '59 arthur S. Formers

VS A1S (4) 1SM 9/SS

HTASC TO STA	CERTIFICA	2643	
A CONTRACT OF THE PARTY OF THE		fabrica a	
			HA SHIP IN
Manager Comment of Manager Comme			
	13.95	Tecanity this bally	
A niverse	DEL .		
and the second s			
10 deposit and 10 and 1			
			4
		Clear at the local party of the	
For the first and the place, and many of the great state of the first			
			AND STATE
			1000 SE2
		and the second s	
TANK OF THE STATE	THE STATE OF	18/10/2	

VS A1S (4) 1SM 9/S8

1248 4-6-59	mans MARYLAND	STATE DEPARTM	MENT O
	2598	CERTIFIC	ATE O
1. PLACE OF DEATH a. COUNTY	nne Arundel	MARYLAND	2. USUAL a. STAT
	f outside carporate limits, write	c. LENGTH OF STAY IN 16	X c. CITY
Annapol		l day	Rura
OR INSTITUTION	AL (If not in hospital, give street L General Hospit		d. STR
3. NAME OF DECEASED	First	Middle	
(Type ar print)	George		BROO
s. sex	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF
Male	Negro WIDOW	ED T DIVORCED	1-2
Caretaker 13. FATHER'S NAME	king life, even if retired)	Beach	14. MOT
		?	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT
18. CAUSE OF DEA	ATH [Enter anly ane cause per li	ne far (a), (b), and (c).]	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pneumonitis	
149 5	DUE TO		
Canditions, if o	ny, which) (b)		
gave rise to i	mmediate (DUE TO		
cause (o), stating	the under-		
lying cause lost.) (c)		
PART 11. OT	TER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELAT

02598

F HEALTH—BALTIMORE, 18 FilmG239 3-9-59 et F DEATH Pag Dist No.

		200							Keg. Di	31. 140.		
	PLACE OF DEATH a. COUNTY			***		USUAL RESIDENCE (W	Vhere deceased	lived. If institution b. COUNTY	on: Residen	ice befa	e admiss	ian)
	Ar	nne Arundel		MARYL	ANU	Maryl	and		Anne	Aru	ndel	
		outside carporate limi	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If	autside corpor	ate limits, write R	URAL and	give neo	rest town	•)
	RURAL ond give ne			7 4	1/2	tural - Ann	enolis	Md				
_	Annapol	LB AL (If nat in haspital, s	ina street	1 day	- 1	d. STREET ADDRESS	ahorra	riu.			e. IS RES	IDENCE
	OR INSTITUTION_					d. SIREET ADDRESS					ON A	FARM?
Ar	ne Arundel	L General H	losp11	tal	1						YES [NO X
3.	NAME OF	Fir	rst	Middle		Last	4. DATE	Man	th	Da	y '	Year
	DECEASED (Type or print)	Con			T	BROOKS	OF DEATH	March		2		1959.
_		Geo							IF UNDER	1 VEAD		
5.	SEX	6. COLOR OR RACE	/- MARR	IED NEVER MARRIE		ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	Days	Hours	Min.
	Male	Negro	WIDOWI	DIVORCED		1-2-05		54 yrs.		00/		,,,,,,,
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stat	e or foreign co	untry)	12.CIT	ZEN OF	WHATC	OUNTRY?
		ing life, even if retired)	D				?		1	?	
	Caretaker			Beach								
13.	FATHER'S NAME			?		4. MOTHER'S MAIDEN	NAME					
М												
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
{Ye	is, no, or unknown) {	If yes, give war or dates of s	service)									
_					1							
			use per li	ne far (a), (b), and (c).]						INTE	RVAL BE	DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	.)	Pneumonit	is							
	1100	DUE TO										
1	7/2	~X										
В.	Canditions, if or)(-		
	cause (o), stating)									
	lying cause lost.	(0	1									
Z	PART II. OTH		,	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	'EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION							,				PERFO	RMED?
S											YES [№ □
TIF	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (I	inter nature of injury in	n Part I or Part	II af item 18.)				
CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJUR	Y Manth, Day, Ye	or 20d H	NJURY OCCURRED	20e PLACE	OF INJURY (Home, for	m 20f (City	or town)	1	Caunty)		(State)
010	Haur o. m.		While	_ Not while _		, street, affice bldg., e		01 101111	,	coomy		(5,0,0)
ME	p. m.	19	ot war									
	21 I cortify th	at Lattended the	decens	ed fram. Mars	ch 1	1959 to	March	1. 1059	that I la	et cav	the d	eceased
	alive on	March 1,	, 19.5	9, and that	death a	curred ak: 42A				e date		
11.		1.		1000			ADDRESS (St	reet, city ar tawn,	stote)		DAT	E SIGNED
	ACTUAL SIGNATURE	eus !	1	DECT	M.D	62 Ca	thedral	St.		3	/3/5	9
П												
	PHYSICIAN'S A	ris T. All	en			Annan	olis, N	Ma.				
_	177-											
The	REMOVAL (Specify)	N, 22b. DATE THEREC	OF .	32CM VAME OF CEME	TERY OR C	REMATORY	22d. LOCAT	ION (City, town,	or county)		(Stot	e)
7	Semoval	3-3-50	7	Cinnel me	to211	1 ma.	BUIL	o my.				
23,	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24g. REG	C'D BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU	RE	
1	1.00 -	Hoose 1			0	DATMA	IR 5 '59	Civi	ing S.	than	A.	
-	THE TAXABLE	1				DAIR						

edaen Te				
	in Alo ic sha	ATT ATT		
Johnson S. emiz.	and the set	·eh h	Antonio de Part	
		NAME OF TARREST	and Lema I fe	Bauta Balk
	by city and the treatment of	?		
	And most			C ME
		10 80%		deeds are at the
				7 25 3
	Party Land Albert Comment	10000		
	Estimated So		Different,	
	. La Carting and		nation it stol	
		of actions	And the second	
		W		
			The state of the s	

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 19.5 0 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRYS Address A NNA DOLIS MTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO (County) (State) that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street Scity or town, state) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** MAR 2 6 59 24b. REGISTRAR'S SIGNATURE arthur S. House DATE

death FUNERAL FUNERAL page 0

VS A15 (4) 15M 9/5B

The state of the s THE STATE OF THE PARTY OF THE STATE OF THE S The state of the s 4 that depend on the same and the same STORES A STREET SERVICE A STORE OF STREET OF STREET - adversary of American property The state of the s The Late of the Army Army Army and the second of the second secon A STATE OF THE REAL PROPERTY OF THE STATE OF

may be retained by the hospital or attending physicion. TO FUNERAL PIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 styles be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page

VS A15 (4) 1SM 9/SS

制

00

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

26	CERTIFIC	CATE OF DEATH	Reg. (Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLANG	II o STATE	ere deceased lived. If institution, Resident Arund	-
b. CITY OR TOWN (If outside corporate limit of the property of the corporate limit of the c	6. LENGTH OF STAY IN 18	c. CITY OR TOWN (If our XVentor Md.	tside corporate limits, write RURAL and	
d. NAME OF HOSPITAL (If not in hospital, gor INSTITUTION Road	ive street address)	d. STREET ADDRESS	ıd	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLES	S HAMILTO	N BROWN	4. DATE Month OF DEATH MARCH	Day Year 3 / 19 5 5
SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	1 8. DATE OF BIRTH 11-23-1883	9. AGE (In years IF UND) lost birthday) Months yrs.	ER I YEAR IF UNDER 24 HRS, Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired	Retired	Woodensbu		U.S.A.
13. FATHER'S NAME Samuel H. Bro	own	14. MOTHER'S MAIDEN NA Mart M	elching	
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17 arvice) 217-03 3545	Alice May Br	Address OWN	
18. CAUSE OF DEATH [Enter only one constitution of the course of the cou	HYPERTENSIL		GCULAR DISSASS	INTERVAL BETWEEN ONSET AND DEATH 2 HOURS 5 YEAR
TATIC TOTAL	DITIONS <u>CONTRIBUTING</u> TO DEATH B	UT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Po	ort t or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yee Hour o. m. 19	or 20d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the alive on MARCH 30 ACTUAL SIGNATURE J. BRAP. PHYSICIAN'S J. BRAP.	deceased from DEC. 1959 and that dea My Smith	th accurred at 6:00 A	M, from the causes and an DDRESS (Street, city or town, stote) Deach Manne	l last saw the decease the date stated above DATE SIGNE 3/31/5
220. BURIAL, CREMATION, 226. DATE THEREO 1-2-59	F 2c. NAME OF CEMETERY Meadowridg		22d. LOCATION (City, town, or county)) (State) Dorsey Md
23. FUNERAL DIRECTOR'S SIGNATURE	Rihesville	24a. REC'D	BY REGISTRAR 24b. REGISTRAR'S S	

may be retained by the haspital ar attending physician. TO FUNERAL PRECIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 sh. be detached far use as the burial-transit permit. Then please remove carban pages. Pages 1 and should be filed with the registrar priar ta burial, crematian, ar removal, and in any event within 72 hours after degree. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pages

2645

02599 Reg. Dist. No.

1,	PLACE OF DEATH	6. 1	. /	MARY	LAND	2. USUAL RESI	DENCE (When	e deceased live	ed. If instituti		before admi	ssion)
-	Ann	e Hruna	2/			//	1. U.			Berg	ren	V
	RURAL and give n	. /	ts, write	5 mont	j	c. CITY OR	TOWN (If out	Saddi	limits, write R	VET	re nearest tay	m) 7x-3
	d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	address)		d. STREET A	ADDRESS					SIDENCE
	OR INSTITUTION	Daughter	ts h	ome		44	4 Like	Ke Rd				NO .
3.	NAME OF DECEASED (Type or print)	Jilliam Fir	st	Middle	13	Butsch	her	4. DATE OF DEATH	3 Mor	oth 2	Day	Year 1959
5.	SEX M.	6. COLOR OR RACE	7. MARI	RIED IZ NEVER MARRI		8. DATE OF BIRT	6,1	872 9.1	AGE (In years ast birthday)		YEAR IF UNE	1
10	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	LACE (State of	foreign country	44	12. CITIZ	EN OF WHA	T COUNTRY?
13.	FATHER'S NAME	2 /	1			14. MOTHER'S	MAIDEN NA	ME	/ ,			
	Otto	Buts	ch	er,		600	uise	FUM	pert	_		
15		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. H	NFORMANT	,	1	Add	ress		
	No	{If yes, give wor or dates of s	arvice;			Shern	vood	H. 1	Butsc,	her	(50)	7)
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO (b)	14.	ardiae +	Cail	ure card	lio vas	scular	dese	65e	INTERVAL B ONSET ANI	DEATH AYS
	gove rise to i cause (a), stoting lying cause lost.	mmediate (an	,		a of	Prosta	ete	<i>y.</i> 7 5 C.	4,50	24	errs
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE CO	ONDITION GIV	VEN IN PART	PERF	AUTOPSY ORMED?
CERTIF	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	29b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	of injury in Pa	ert I ar Part II a	of item 18.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Yes	While at war		20e. PL	ACE OF INJURY (ctary, street, affice	(Hame, farm, e bldg., etc.)	20f. (City or	town)	(Co	unly)	(State)
	21. I certify the alive on	nat I attended the March 20 July 20 Sylvia	decease 12.	~	death	occurred at. M.D. R.F. Edg		March March M, from th DDRESS (Street, Bo) Ler, L	ne causes		date stat	
0	REMOVAL (Specify)	13-23-	59	7 Tolon	ETERY O	n Cematory	it 2	Tocation	City. 18	ar county)	0 (Sto	na
23	FUNERAL DIRECTOR	Signature Lu	Son	es ADDRESS	po	lis Wel	24a. REC'D	BY REGISTRAR R 2 4 '59		STRAK'S SIGN		

HEAD TO ST	
	Max well a series
	Mark Laboration 1 mark of these I in Control of the

A15C 1-55 10M-

S

The botton

1. PLACE OF DEATH

2646

25 25 36 8 X V 25

Item 5.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02600

CERTIFICATE OF DEATH

866	birth	Cert.	 DENCE (HOME)		
				Peg Di	st. No. 27

COUNTY Anne Arundel	MARYLAND	STATE Marylan	d county Anne A	rundel			
CITY (If outside corporate limits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR					
TOWN Fort George G. Meade	(in this place)	TOWN Ft George G. Meade					
HOSPITAL OR		STREET	(If rural give location)				
STREET ADDRESS U.S. Army Hospital		ADDRESS Bldg	2365 Apt A				
	Middla)	(Last)	4. DATE (Month)	(Day) (Year)			
DECEASED			OF				
	rard	Carr Twin II	DEATH March	7 1959			
S. SEX 6. COLOR OR 7. SINGLE, MARKE	OR EDD,	arch 1959	9. AGE tast birthdey IF UNDER Months				
Male Cau TSpecify	Days Hours Min.						
	D OF BUSINESS	11. BIRTHPLACE (State or fore	ign country) 12.				
retired) Tnfant	INDUSTRI	Maryland	ASSESS OF THE PARTY OF THE PART	COUNTRY? USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
John Perry Carr		Marie Ti	eyah				
1	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Hospital Reco	ords			
(Yas, no, or unk.) (If Yes, give war or dates of servica)			Hosp, Ft Meade, 1				
No	18. MEDICAL CER		loop; To moduce;	INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				ONSET AND DEATH			
77/ V IMMEDIATE CAUSE (A)	Prematurity						
ANTECEDENT CAUSE(S) DUE TO				1777			
DISEASES OR CONDITIONS, IF ANY, (B)							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?			
				YES NO			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTHEY MEDICAL EXAMINER)	flica bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town) (Count	y) (Stata)			
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a.	INJURY OCCURRED	21f. HOW DID INJURY OCCU	IR?				
M, at wo							
22. I hereby certify that I attended the decea	sed from 5 March	1959 10 7	March 1959 that I	ast saw the deceased			
alive on 7 March 19.59 and	that death occurred at	1145AM from the	rauses and on the date states	l above			
SIGNATURE	A 1		RESS (Streat, city, town, stata)	DATE SIGNED			
105 Clase lan	X MC M.D.	U.S. Army H	Hosp, Ft Meade, Mo				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	Laboratory or	CREMATORY	LOCATION (City, town, or county)	(Steta)			
Cremation 9 March 59	U.S. Army Hos		Ft G Meade,	Md			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25 FUNERAL DIRECTOR'S		DDRESS			
DATE MAR 1 2 '59 Crithun & Kroma		setty m Elle	U.S. Army Hosp,	Ft Meade, Md			

2045 Hear 5 Service in a loss of Ind tened very for the med of the proof of seal of The state of the s W. Many St. need agent, St. Comm. W.

MARYLAND

Anne Arunde

Maryland

Anne Arundel

director death. Proj e P hours after c C filled within completely papers. death. pup carban ofter 4 physician certificate гетоме attending ease death within 0 the Then event the that by permit. any 2

been signed physician. burial-transit SO USe oched CTOR: P A FUNER, m

ATTENDING

OR

HOSPITAL

0

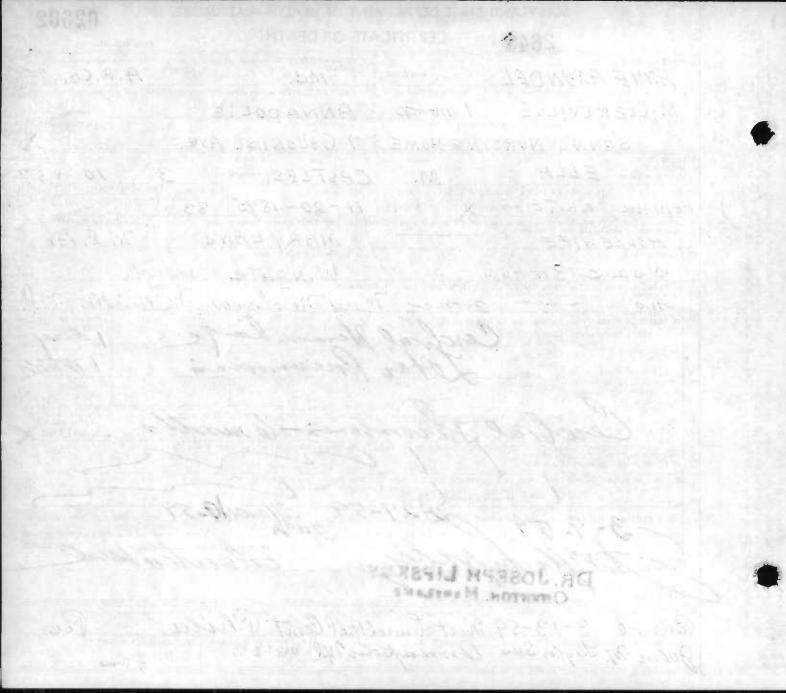
b. CITY OR TOWN (If outside corporale limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Fort George G. Meade. Fort George G. Meade. Md d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? Bldg 2365 Ant. A Army Hospital YES I NO PA NAME OF Tue n 3 First Middle 4. DATE Month Day Year DECEASED OF Jean March Norma (Type or print) 19 S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Davs Hours Min WIDOWED | DIVORCED [5 March 1959 Female Can 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) IISA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marrie Tievah John Perry Carr 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address If yes give war or dates of service Apt A. Ft George G. Meade. Father Bldg 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Lung disease-possible hvaline membrane disease DUE TO Prematurity Conditions, if ony, which gove rise to immediate DUE TO coese (o), stoling the underpuo lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION remayal, PERFORMED? YES TO TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 204 INTURY OCCURRED (County) (Stote) Hour a. m foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 5 March ..., 1959, to 6 March ..., 1959, that I last saw the deceased __ and that death accurred at 8:10AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL GEO G MEADE. 6 Mar 59 PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Crema tion Ft Gorge G. Meade, Md U.S. Army Hosp (Laboratory March 59 6 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR MAR 1 2 59 24b. REGISTRAR'S SIGNATURE arthur & thous VS A1S (4) DATE

		on the second
The second section and second		
	TO THE RESIDENCE OF THE PARTY O	
		The same
	The second secon	THE PERSON NAMED IN
		STORY ALL CANADA TO THE STORY OF THE STORY O

VS A15 (4) 15M 9/5B 0

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
961.0	CERTIFICATE	OF DEATH	

		26	48	CERTIFI	CATE	OF DEATI	Н	Reg	. Dist. No.	
	CE OF DEATH	ARUND	EL	MARYLAI	0	STATE Md	here deceosed li	ived. If institution: Re b. COUNTY	A.A.C	dmission)
b. C	URAL and give ne	P P - 1 1 1 1	its, write c.	LENGTH OF STAY IN	1b c.	CITY OR TOWN (IF	outside corporat	e limits, write RURAL	ond give nearest	town)
d. N	NAME OF HOSPITA	AL (If not in haspital,	give street add	I minch	, d.	STREET ADDRESS	00615		e, 15	RESIDENCE
	or institution	INN'S N	URSIN	VG HOME	17	Colon	LIAL /	ave.		S NO
DEC	ME OF EASED be or print)	ELLA	rst	Middle .	CI	Last PSTLES	4. DATE OF DEATH	Month 3	Day 10	Year 1959
5. SEX		6. COLOR OR RACE	· · · · · · · · · · · · · · · · · · ·	NEVER MARRIED		OF BIRTH	10 77	AGE (In years IF U	NDER 1 YEAR IF I	JNDER 24 HRS.
100 11	MAL &	WHITE	WIDOWED	DIVORCED [- "	-20-1	8 75	83 yrs.	2. CITIZEN OF WI	
du	HOUSE	ing life, even if retired	t)	AD OF BUSINESS OK II		MARY	LAW	d	U. S.	A
13. FAT	THER'S NAME	0	111-		14. A	MOTHER'S MAIDEN	NAME ,	1	1	
15. WA	S DECEASED EVER	IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO.	INFORM	ANT 3	Aley	Address	10	
(Yes, no.		If yes, give war or dates of	service)	none	mar	4 new	benger	, mille	indle	mel
1B.	CAUSE OF DEA	TH [Enter only one of	ouse per line	for (a), (b), and (c).]	- 0	1	10		INTERV	AL BETWEEN
		TH WAS CAUSED BY:	0)	escha	0 11	emors	Ka	Fe	10	ley
1	490X	DUE TO		1.1.	1	2	-			make .
	onditions, if or		b)	Lora	2 /	neus	more	7	11	red
	ove rise to in ause (o), stating t									
7 1	ving couse lost.		c)	1						
ATION	PART II. OTH	ENDIFICANT OF	ADITIONS CON	70	BUT NOT RE	LATED TO THE TERM	INAPOISEASE C	CONDITION CIVER IN	1 PART 1(a) 19. V	ERFORMED
CERTIFIC 10 10 10 10 10	o. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCA	BE HOW INJURY OCC	URRED. IS THE	noture of injury in	Part I ar Part II	of item 1B.)		
	Hour a.m.	Month, Dol, Ye	ear 20d. INJU	Not while	e. PLACE OF	INJURY (Hame, farreet, office bldg, et	m, 20f. (City or	r town)	(County)	(Stote)
MEDI	p. m.	19	of work		7	9		6	٤_	
21	. I certify	at I attended the	edeceased	from the	1-5	19 to 1	acli	79,that	I last saw th	ne deceased
9	ive an_	7-9	1. 19	, and that de	eath accu	ге		e causes and a	n the date st	
SI	THATURE	mille	me.	releg	M. W.D.	5	Me	COOU	Ma	DANE SIGNED
PH.	LYSICIAN'S AME (Type)	PR.JC	SEP!	MARYLAND						
	URIAL, CREMATION EMOVAL (Specify)	3-/3-	of 2	Vest Jay	RY OR CREM	ATORY Cenil	22d tOGATIC	ON (City, tawn, or con	inty)	(3)ny(e)
23. FUI	VERAL DIRECTOR'S	Signature S	ius L	DODRESS	bolis	WAR DAYE	P BY REGISTRA	24b. REGISTRAI		



2649	CERTIFICATE OF DEAT	H Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY ANNE Arund	MARYLAND 2. USUAL RESIDENCE (V	Where deceased lived. If institution: Residence before admission) b. COUNTY
RURAL and give nearest town	9 yrb x Sev	eviside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	7 d. STREET ADDRESS DILL	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) GOVACE	John CLZIX	4. DATE Month Day Year OF DEATH 3 -3 - 15 19
MIDOWED		9. AGE (In years lost birthday) Yrs. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (SIGN	e or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAMÉ GELES CLOP	14. MOTHER'S MAIDEN	name Melvin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	(o), (b), and (c). Pallie	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) Occie	Le Mysocordi	ol Inforetean
gove rise to immediate couse (a), stating the under-lying couse last.	w. attorios	lerdois
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM	DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO \(\sqrt{D} \)
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in	Port I or Part II of item 18.)
Hour o. m. While	OCCURRED Not white of work 20e. PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or lown) (County) (State)
21. I certify that I attended the deceased fr	ram. 1955, 19., to	, 19,that I last saw the deceased

i	21. 1	cerrity
ú	alive	an

and that death occurred at

M, fram the causes and on the date stated above.

DATE SIGNED

(Stote)

ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

22c, NAME/OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or sounty)

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, REMOVAL (Specify)

ADDRESS Bul-nie

240. REC'D BY REGISTRAR DATE MAR 5 '59

may be retained by the haspital ar attending physician.

TO FUNERAL DEECTOR: After this certificate has been signed by TO HOSPITAL OR the registrar page 3 sho VS A15 (4) 1SM 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page

campletely filled in Pages 1

the attending physician and Then please remave carban

ath.

iar to burial, crematian, ar remaval, and in any event within 72 haurs after

detached far use as the burial-transit permit.

The second second		CERTIFICATI	Care Line
Nicolar of the Contract of the	The state of the s		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HITAGO TO SE	AUGUELLA	ARTS	
THE PERSON NAMED IN COLUMN				
magniti sull page collection (15,2), in the time of the state of the desired all the state of the state of th	and artists to be before			
allers of the state of the state of		THE RESERVE AND ADDRESS OF THE PARTY OF THE	making language and the same	

VS A15 (4) 15M 9/5S

90

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2651 Item 1 FilmG239 3-16-59 et CERTIFICATE OF DEATH

02605

Reg. Dist. No.

1. PLACE OF DEATH Q Q . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) Workland Marsing Home	Bux 256 P. 7 D. 3 amapolis ves No. 15 RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) Planence Lee C	Owles 4. DATE Month Boyd Year OF DEATH Mas 6 1959
Male Whate WIDOWED DIVORCED	8. DATE OF BIRTH 12-4-1872 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100 USUAL OCCUPATION Rive kind of work done 106 KIND OF BUSINESS OR INDUITION OF BUSINESS OR IND	s vermon 1, s, 1+
Albert Lee Corbles	Mary Whitney
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Velliam 9. Husted 2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Occlusion Interval Between Onset and Death
Conditions, if ony, which gove rise to immediate DUE TO	d'artenorderoris
lying couse lost. (c)	
5 hoursed hip (old)-	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram Supstantial alive on 1258, and that death	accurred at 2:A M, fram the causes and an the date stated abave ADDRESS (Street, city or town, stote) DATE SIGNED A STULLY M. 3-6-59
PHYSICIAN'S EMILY H WILSON	W.D.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF PRINCIPLE 3-7-59	R CREMATORY 22d JOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE GUY les Suss ADDRESS ADDRESS ADDRESS ADDRESS	Pless MR. 240. REC'D BY REGISTRAR 246. REGISTRAT'S SIGNATURE DATE MAR 1 1 '59 Cuthur S. House

SALTER STATE OF THE PROPERTY O	CERTIFICATE OF DEATH	EGG7
Control of the Contro		
The property of the property o		
ADAMS TO THE STORY OF THE STOR		
The second of th		
The state of the s		
The property of the property o		
The second secon		
		The second secon
He had a second of the second		
The company of the first of the company of the comp		
	M. Je S Ja Briton of Physics and Sha 1884	
		HANNE COM
		Para Santa

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0000-
2600 CERTIFICATE OF DEATH Reg. Dist.	1260F
PLACE OF DEATH a. COUNTY a. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased live). If institution: Residence o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased live). If institution: Residence o. STATE MARYLAND	before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give RURAL and give nearest tawn) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	e nearest town)
d. NAME OF HOSPITAL (1974) in haspital, give street ordress) OR MOSTITUTION d. STREET ADDRESS d. STREET ADDRESS A 3 3 3 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DEATH (Type or print)	Day Yeor 14 1959
MARKIED NEVER MARKIED	YEAR IF UNDER 24 HRS. oys Hours Min.
D. USUAL OCCUPATION (Give kind of york done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZE OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZE OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)	N OF YHAT COUNTRY?
FATHER'S NAME Dawkins Trescula Sm	ith
WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NAME CLEEK - CANADOR Address May 1 PM CLEEK - CANADOR CLEEK - CANAD	solisms.
18. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which)	2 day
gove rise to immediate couse (a), stating the under-	

3. NAME OF First Middle Last VOATE Month	Day Yeor
(Type or print) Flizabet L OF DEATH	14 1950
	TYEAR IF UNDER 24 HRS
temple Col, WIDOWED DIVORCED 3-27-1872 86 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITI	IZEN OF YHAT COUNTRY
13. FATHER'S NAME	'VO
Loun Mawkins Triscella Sem	rich
VS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NAMED FORCES. 16. SOCIAL SECURITY NO. NAMED FORCES. 16. SOCIAL SECURITY NO. NAMED FORCES.	polism
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Conferme Cause V	ONSET AND DEATH
434.1 DUE TO	2 day
Canditions, if any, which gove rise to immediate DUE TO	1
couse (o), stating the <u>under-</u> lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 20d. INJURY OCCURRED factory, street, affice bldg., etc.)	County) (State
21. I certify that I attended the deceased from 3-14-59, 19, ta, 3-14-59, 19, that I lo	ast saw the decease
alive an 3-14-59, 19, and that death accurred at 1 - 15 M, from the causes and on the	
ACTUAL SIGNATURE M.D. 42 Callicates ST	DATE SIGNE
PHYSICIAN'S ALLEY Enropole Tur	
220 BURIAL, CREMATION, 22b. DATE THEREOF 222 DIAME OF CEMETERY OR CREMATORY 220 OCATION (City, town, or of unity) REMOVAL (Special) 3-18-59 ONLINE OF CEMETERY OR CREMATORY (CITY, town, or of unity)	Marion (Sriete)
SETUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24g. REC'D BY REGISTRAR & DATE MAR 1 8 59 DATE MAR 1 8 59	

VS A1S (4) 1SM 9/58

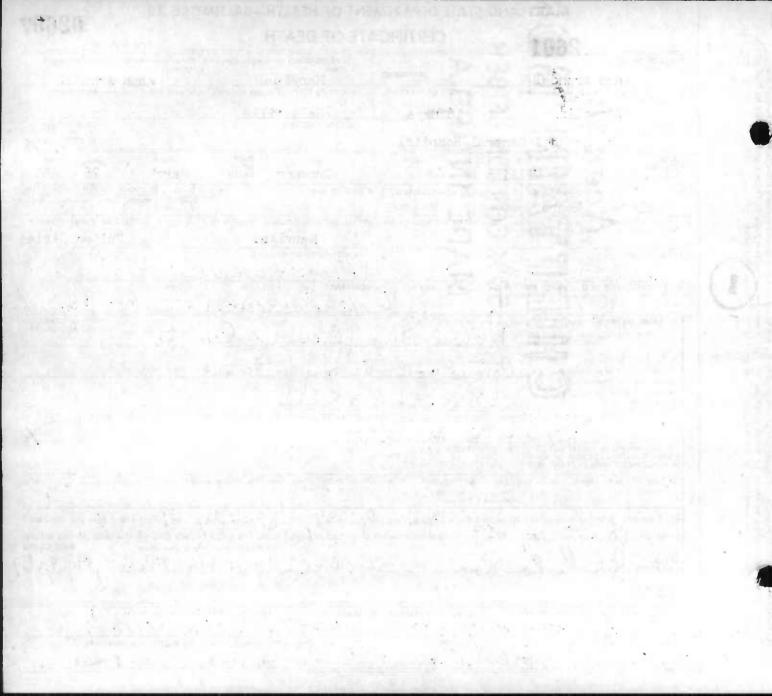
SEAT STATE OF THE PROPERTY OF THE PARTY OF T Description of the last Lile Shirt (Start) 13.3 Jak 200 day 25.3 West 25.3 E Lizabeth Manual Charles Manual Control of the Con The sale of the sa Catalog State and an all Street and the water of the section of the A LIST THE PROPERTY OF THE PARTY OF THE PART A CONTRACTOR OF THE PARTY OF TH Carling Services Burial #18-67 Drewer Will - winning alola Mil.

VS A15 (4) 15M 9/58

63

02607

2	601		CERTI	FICA	TE OF DEAT	Н		Reg. D	st. No.		001
1. PLACE OF DEATH a. COUNTY Anne Art	undel	1	MARY	LAND	2. USUAL RESIDENCE (W o. STATE Marylar		d lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limi	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If		rate limits, write F				1)
Annapol:			16 days		X Galesv	ille					
d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospitot, g		al Hospita	1	d. STREET ADDRESS						IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fii Wi	rsi lliam	Middle		Crowner	4. DATE OF DEATH	Mare	-	Do 2	/	Year 1959
5. SEX 6. COLO	OR OR RACE	7. MARR	IED 🕅 NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER			ER 24 HRS
Male No	egro	WIDOW	DIVORCE	D			77 yrs.	Manths	Days	Haurs	Min.
10o. USUAL OCCUPATION (Give during mast af warking life, e	kind of work even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. 8IRTHPLACE (Stoke Maryle		ountry)				tates
13. FATHER'S NAME	h		7		14. MOTHER'S MAIDEN	NAME	a				
Benja	mi	nel	1000	ren	Carol	in	e Cr	67.0	n	en	,
15. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, give	war or dates of s		SOCIAL SECURITY NO	a	Rejander C	inny	ev- Z	Idelles	wi	lle.	my
18. CAUSE OF DEATH [Ente	er only one co	ause per	ne far (a), (b), and (c).		1	-	7 ^		INTE	RVAL BE	TWEEN
PART 1. DEATH WAS	CAUSED BY:	1 N	ewal -	MA	white conc	4/ &	yes to	0	ONS	ET AND	DEATH
1446 X	DUE TO					00					
Conditions, if ony, whic	th) (b	of the	ores ores	Ero	W Her ha	ilens	क्र				
gove rise to immediat couse (a), stating the under	e DUE TO		7	,	1.	7					
lying couse last.	(0	c)	ascul	en	derenie)					
PART II. OTHER SHOTS	THEANT CON	NDITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	9. WAS PERFO YES [RMED?
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury in	Part I or Por	t II af item 18.)				
20c. TIME OF INJURY Manth Haur a. m. p. m.	h, Doy, Ye	ear 20d. It While at war	Not while		ACE OF INJURY (Hame, far tary, street, affice bldg., et		or town)		(Caunty)		(Stote)
21. I certify that I att	tended the	deceas	ed from Make	6 (1	1999 to	and	16, 199	that I le	ast say	the d	oceases
alive an Marc	6/16	125		death	occurred at 2:40		the causes ar	nd an th		stated	d above
ACTUAL SIGNATURE	2:0	ias d	7,00		M.D. (10 - 6 CA	ADDRESS (SI	treet, city or lown,	TPaL	15,	198,	S AND
PHYSICIAN'S NAME (Type)					,)			,		//
22a. BURIAL, CREMATION, 22b. REMOVAL (Specify)	DATE THEREC	OF 59	22c NAME OF CEM	ETERY OF	R CREMATORY LEMETOR	22d. LOCA	TION (City, town,	or county)	(e))/(Stat	25
23. FUNERAL DIRECTOR'S SIGNAT	TURE	1 1	ADDRESS	7,	24a. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S S	IGNATU	RE	
Um, Resett	108/16	estly	Alluma.	111	DATE	MAR 3 1	'59 (Trilling.	8. 16	MAA.	



ATTENDING I by the hospito CTOR: After th page 0 VS A15 (4) 15M 9/58

ofter death.

SIGNATURE PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

22go BURIAL, CREMATION, 22b. DATE THEREOF

PIRECTOR'S SIGNATUR

ADDRESS

22. NAME OF CEMETERY OR CREMARC

22d. LOCATION (City, town, procounty) REC'D BY REGISTRAR

PAB. REGISTRAR'S SIGNATURE

1 (Stote)

to I have been suited and the POKON E VAVIA 1827 TY WALT-TO DO THE TO SEE The said the said of the said Sar Variable Samuel & Markey Color of the Co Wire many of the day Very and was from Dill and soft for a first on the first

VS A15 (4) 15M 9/SB 6

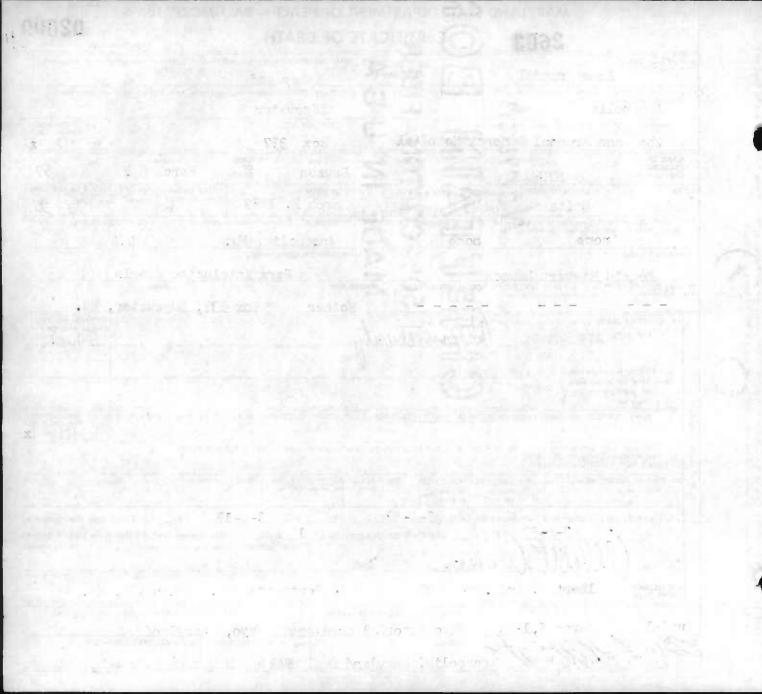
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

02609

	2009		- Calkin					Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	Anne Arundel	BAY.	MARYLA		USUAL RESIDENCE (Wo. STATE		l lived. If institution b. COUNTY	an: Residence	befare admission)
b. CITY OR TOWN (RURAL ond give in Annapol	(If autside carporate limits, legrest town)	write c. I	ENGTH OF STAY IN	1 16	c. CITY OR TOWN (If Edgewat		rate limits, write R	URAL and giv	e nearest tawn)
OR INSTITUTION	TAL (If not in hospitol, givene Arundel Ge			1	d. STREET ADDRESS Box 33	37			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MICH AE	L	Middle	2	Dawson	4. DATE OF DEATH	March		Day Year 1959
s. sex Male	6. COLOR OR RACE 7	· MARRIED [_	March 4,	1959	9. AGE (In years lost birthdoy) yrs.		YEAR IF UNDER 24 HRS
during most af war	ON (Give kind of work do rking life, even if retired) NONE		of Business or	(43)	Annapoli	s, Md.		US A	N OF WHAT COUNTRY
13. FATHER'S NAME	d Ctarrent Da	7500		1	. MOTHER'S MAIDEN		oinette k	a [son)	
	Stewart Date of services, give wor or dates of serv	S? 16. SOC	IAL SECURITY NO.	INFO	Mother	Box	Add	- Aud	Md.
PART I. DE, 7 7 6 × Canditians, if a gove rise to cause (a), stating lying cause last.	immediate DUE TO	e per live fo	ral, (b), and (c). The all	unti					INTERVAL BETWEEN ONSET AND DEATH
CATIC	HER SIGNIFICANT CONDI							'EN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH	0b. DESCRIBE			nter nature af injury in	,			
Y 20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Doy, Year 19	20d. INJUR While of work	Not while	0e. PLACE factary	OF INJURY (Hame, fare, street, affice bldg., et	m, 20f. (City c.)	ar tawn)	(Ca	unty) (State
21. I certify the alive an	hat I attended the company 3-4-59				_, 19, ta curred at11A	AM, fram		d an the	saw the deceased date stated abave DATE SIGNET
PHYSICIAN'S NAME (Type)		nderso			44 Southg				
Burial (Specify	March 5, 19		Mayo Memo		Cemetery	Mayo.	Maryla		(State)
HOPPING P	UNEDEL HOME	Anna	ADDRESS apolis, Ma	arvla		D BY REGIST		STRAR'S SIGN	

SXVO



VS A15 (4) 15M 9/5S

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02610

2604	CERTIFICATE OF DEATI	Reg. Dist. No.
1. PLACE OF DEATH Q. Q.	MARYLAND 2. USUAL RESIDENCE (Who o. STATE	b. COUNTY Le Després odmission)
b. CITY OR TOWN (If autside carporate limits, write URA) and give nearest tawn)	ENGTH OF STAY IN 16 c. CID OF TOWN (IF o	autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITALITY not in hospital, give street address of HISTITUTION LENGTH INC.	si) Apital 1214	rant & o. Is residence on a farm? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Melton	Middle Dawson	4. DATE Manth Day Year OF DEATH 3- 30 1959
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [NEVER MARRIED 8 DATE OF BIRTH DIVORCED July 19-18	9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b KIND wring most of working the even it retired).	red Mayo	Md. 21.5.A
13. FATHER'S NAME Joseph J. Dan	uson Tub	MUUU.
15. WAS/DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	al security No. 17. INFORMANT Emola L	Danvier (2)
1B. CAUSE OF DEATH {Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 493 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>under</u> DUE TO	(0). (b). and (c).]	INTERVAL BETWEEN ONSET AND DEATH
lying cause lost.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \text{NO} \(\bigcap \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in F	Part I ar Part II af item 18.)
	OCCURRED Not while at work 200. PLACE OF INJURY (Home, form factory, street, office bldg., etc.	, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fralive on Manh 30, 1959	, and that death accurred at 10 p	M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) Calludate 3 3 1 59
PHYSICIAN'S NAME (Type)	a Cu	words Wed
Should 4-1-59 8	Name Of CEMETERY OR CREMATORY? Mayo Mensoual	22d. LOCATION (City. town, or county) (State)
23 FUNERAL DIRECTOR'S SIGNATURE		D BY REGISTRAR 245. REGISTRAR'S SIGNATURE

Company of the Compan	CERTIFICA	
		O O Company
		A STATE OF THE STA
MANAGEMENT COMPANY OF THE PARTY		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM YES NO I

Year

190

PERFORMED?

(State)

(State)

spirit felbentorf, evol reil n'ele E pè 48-8 -055 and the second s

0	9	C	1	2
- 17	R	U	£	4

-	/		1
3	1	BA:	1
10		151	
=	1		/
100	-	-	
4			

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

FUNERATECTOR: After this certificate has been signed by the attending physician and campletely filled in both the funeral director, bage 3 stocked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and thauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

)	-	5	0	1 1
1	S A	A15	(4 'S5)

	260	6	CERT	IFICA	TE OF D	PEATH	1		Reg.	Dist. No.	- 300	
1. PLACE OF DEATH o. COUNTY Anne	Arundel		MAR	YLAND	2. USUAL RESIL	pence (wh	ere decease	d lived. It in b. COL		dence befo	re odmis	sion)
b. CITY OR TOWN (II outs RURAL and give nearest Annapo	town)	ts, write	c. LENGTH OF STAY	'IN 1b	c. CiTY OR 1		utside corpo	prote limits, w	rite RURAL ar	nd give nec	prest faw	n)
d. NAME OF HOSPITAL (II OR INSTITUTION A	not in hospitol, g				/d. STREET A		Box	61			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ret		Middle Li.		los De sp	eaux	4. DATE OF DEATH	1.1	Month	Do		Yeor 19 59
Female W	hite	WIDOWE	40	ED 🔲 A	ugust 6	, 189		9. AGE (In y lost birthd	eors IF UND oy) Month yrs.	Days	Hours	-
10a. USUAL OCCUPATION (G during most al working li Practical N	fe, even it retired)	ate Hospi		Ba	ltimo	ore, l	ountry) Maryla			F WHAT	T COUNTRY
	ter Crav					MAIDEN N known						
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	U. S. ARMED FOR give wor or dates of s	ervice	OCIAL SECURITY NO 7-22-0476		rles De	speau	ıx,Jr	.,Rt.5	Address Box 6	ól, Pa	sad	ena, M
18. CAUSE OF DEATH [PART I. DEATH W IMM 33/X Conditions, if ony, w	AS CAUSED BY: EDIATE CAUSE (o DUE TO)	o for (o), (b), ond (c) Cerebral Hypertens	hemo		- 41				<u>a</u> 0	moi	DEATH nths
gove rise to immed couse (o), stoting the unitying couse lost.	diate (DUE TO		ny per vens	TAG	Vascula	ir uis	ease			10	yea	ars
CATIC			ONTRIBUTING TO DE							ART 1(0) 1	PERFO	AUTOPSY DRMED?
			RIBE HOW INJURY O	OCCURRED	. (Enter noture o	l injury in P	ort 1 or Por	t 11 al item 18	.)			
20c. TIME OF INJURY M Hour o. m. p. m.	onth, Day, Yes	While of work	JURY OCCURRED Not while of work	20e. PLA	CE OF INJURY (I lory, street, office	Home, farm, bldg., etc.	, 20f. (Cit)	y or town)		(County)		(State)
21. I certify that I alive an March ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Edward	attended the 29	195			occurred at	1:35r	M, from	treet, city or t	es and an	I last so the da	te stat	decease ed abave ATE SIGNE 29-59
220. BURIAL, CREMATION, 2 BURIAL (Specify)	26. DATE THEREC)F	22c. NAME OF CEM		CREMATORY		22d. LOCA	TION (City, to	wn, or count	y)	(Sto	te)
23. FUNERAL DIRECTOR'S SIG William Cook	NATURE	1217	ADDRESS				8Y REGIST	TRAR 24b.	REGISTRAR'S			

				4,
				and the second of the second o
	Je 100 1	f		
		Thinks to that	d Davis Ba	
	1140			
	6 6 6			
1		1		
	建 等			
				or of a market property of the first of the
				and the second
				, •

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		265	2	CERTIFI	CATE OF DEAT	TH	Reg. D	ist. No.
	PLACE OF DEATH	e ARUNG	de/	MARYLAN	n STATE	Where deceased live	b. COUNTY	nce before admission) Apuarla
	b. CITY OR TOWN (RURAL and give n	If outside corporate limi earest town)	ts, write c. LE	NGTH OF STAY IN	16 c. CITY OR TOWN	/	e limits, write RURAL and	give nearest town)
	d NAME OF HOSPI	ZNTON TAL (If not in hospital, g	ive street addres	109rs,	d. STREET ADDRESS			e. IS RESIDENCE
	ANNO	1. 0	rd	***		polis Re	oad	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	ANO	"rew	Middle	Disney	4. DATE OF DEATH	March	Doy Yeor 29 1959
S.	SEX .	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED		872 9.	AGE (In years lif UNDE lost birthday) Months	Doys Hours Min.
L	USUAL OCCUPATION during most of wor ALCASIN FATHER'S NAME	king life, even it refired	done 10b. KIND	-	NDUSTRY 11. BIRTHPLACE (SM.) PARE H 14. MOTHER'S MAIDE	Ryude/-		U.S. A.
	Andre	ew J. D	is Neg	4-5r.	1/1000	ett-1. A	edmiles	
15. (Ye		R IN U. S. ARMED FOR Iff yes, give wor or dates of se		AL SECURITY NO.	7. INFORMANT	70.	Address	
	NO		Inp	nown	Kenneth L.	DISNE	4 - Jan	eas No 2
	The second secon	ATH [Enter only one co	use per line for	(o), (b), and (d)]	2/1/1			INTERVAL BETWEEN ONSET AND DEATH
	PARI I. DEA	TH WAS CAUSED BY:	1 ans	ILI T	May Iner	ummi.	7 .	1alles
	422.1 Conditions, if o	DUE TO	1	ardio	Masculan.	Dessa	re '	1 year
	gove rise to i couse (a), stating lying couse lost.	mmediate DUE TO	,	lenen	li zaaa	item	Len	3 par
CATION	PART II. OT	HER SIGNIFICANT CON	entions contr	BUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN PAI	PERFORMED?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (Enter noture of injury	in Port I or Port II	of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Yeo	While I	OCCURRED 20e	PLACE OF INJURY (Home, for foctory, street, office bldg.,	orm, 20f. (City or etc.)	town)	County) (Stole)
	actual SIGNATURE	at I attended the	deceased fr	//	ath accurred at 5	The second secon		last saw the deceased the date stated abave. DATE SIGNED 3:30 2
220	BURIAL, CREMATIC REMOVAL (Specify)		f 20c.	NAME OF CEMETER	y or crematory	22d. LOCATION	N (City, town, or county)	(Stote)
23.	FUNERAL DIRECTOR	SSIGNATURE	ton &	ADDRESS	ecemie, Md . DATE		24b. REGISTRAR'S SI Outling &	

he funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

D FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shown be detached for use as the burial-transit permit. Then please remove carban papers. Roges 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after degin. TO FUNERAL REC VS A15 (4) 1SM 10/57

an anor				
and the second second			Carlot I	
			7	
			ations .	
			• = 1	

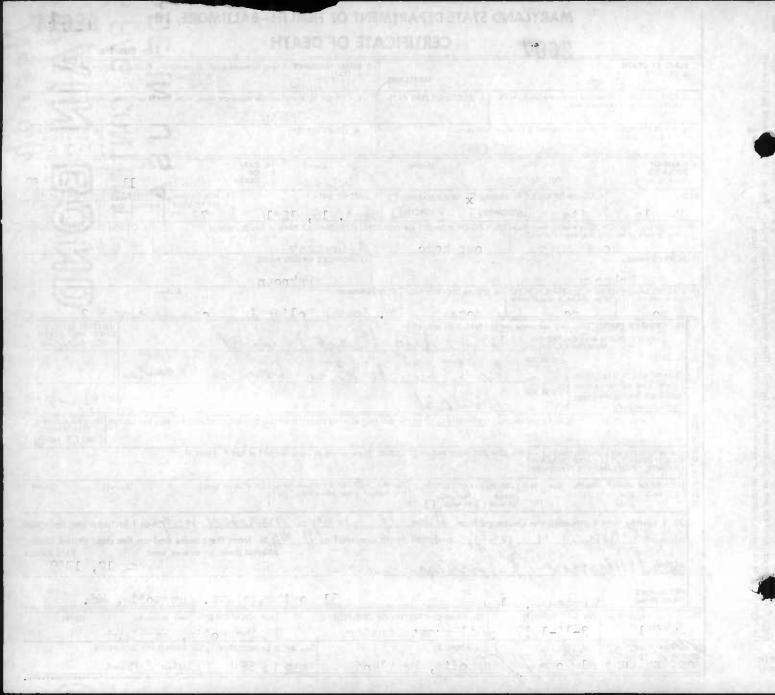
0	C	07	,	
6				

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLAND		ANNE	ARUNDEL	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest lawn) ANNAPOLIS	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	RILLS	imits, write RI	URAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, 9 OR INSTITUTION ANNE ARUNDEL GENERAL		d. STREET ADDRESS				ON A FARM? YES NO
3. NAME OF Fire DECEASED (Type or print) FTR AND		Lost DOLJAN	4. DATE OF DEATH	MARCH	1h Do	y Year 19 50
5. SEX 6. COLOR OR RACE White	7- MARRIED NEVER MARRIED NUMBER NICONSTRUCTION NICO	B. DATE OF BIRTH Sept. 16. 188	lo	GE (In years st birthdoy) 77 yrs.	Months Doys	IF UNDER 24 HRS. Hours Min,
100. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) HOUSE WIFE 13. FATHER'S NAME	own home	USTRY 11. BIRTHPLACE (Stole of Germany)	12. CITIZEN O	F WHAT COUNTR
Unknown 15. WAS DECEASEDEVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	Unkno		Addr	ress	
Yes, no, or unknown (If yes, give wor or dates of se	none Mr	. Joseph Dolja	n Jr	Son S	Same as #	2
Conditions, if any, which gove rise to immediate couse (o), stoling the under: VOLUME VO	homoc	IT NOT RELATED TO THE TERMIN			EN IN PART 1(0)	9. WAS AUTOPSY PERFORMED? YES NO X
UIF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Hour a. m. p. m. 19	or 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or to	own)	(County)	(Stote)
21. I certify that I attended the alive on Man Ch II ACTUAL SIGNATURE MANUAL PHYSICIAN'S		_м.d	M, fram the	e causes be	nd on the doi stole) March 12	DATE SIGNE 1959
NAME (Type) Maurice F. 220. BURIAL, CREMATION, 22b. DATE THEREO BEMOYAL Specify) 3-14-195	The state of Contract of	OR CREMATORY	22d. LOCATION	(City, Iown, c	apolis, M or county) Maryland	(Stote)
Hopping Funeral Hope	Annapolis, Mary		BY REGISTRAR	24b. REGIS	TRAR'S SIGNATUR	E

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

112613

1. PLACE OF DEATH COUNTY AND EDATH COUNT		2653 Item 4 FilmG239	3-16-59 et Reg. Dist. No
CITY (If outlide corporate limits, write RURAL on the place) ON AND CONTROL OF CONTROL			
OR and give necestal lowin) ONN BATT MORES O			STATE MARYLAND COUNTY -
TOWN CLEND HAPPING TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN			
STREET ADDRESS 3. NAME OF STREET ADDRESS 3. NAME OF DECKASED (First) 4. DATE (Mouth) (Day) (Year) (Irps or Print) 5. SEX 6. COLOR OR 7. SINGLE, MARRIED ON OR SCY DEATH METCH 8, 19 59 FEATH METCH 8, 19 59 DEATH METCH 8, 10 50 THE M			TOWN POLL
STREET ADDRESS Q O LARRO			
DECEASED PRINT C. COLOR OR T. SINGLE, MARKED, WIDOWED, DIVORCED, S. SEX G. COLOR OR T. SINGLE, MARKED, WIDOWED, DIVORCED, RACE T. SINGLE, MARKED, WIDOWED, WINDS, TAND DATA, DIVORCED, RACE T. SINGLE, MARKED, WIDOWED, WINDS, TAND DATA, DIVORCED, RACE T. SINGLE, MARKED, WIDOWED, WINDS, TAND DATA, DIVORCED, RACE T. SINGLE, MARKED, WINDS, TAND DATA, DIVORCED, RACE T. SINGLE, T. SING	0		
Type or Print			
TOTAL CALL STATE Specify Control Country Count			DEATH Momels O
106. USUAL OCCUPATION (Give kind of wear of the company) 106. WOUND COCUPATION (Give kind of wear of the company) 106. WOUND COCUPATION (Give kind of wear of the company) 106. WOUND COCUPATION (Give kind of wear of the company) 107. INFORMANT A ADDRESS 108. BIRTHFACE (Stee or foreign counity) 119. CITIZEN OF WHAT COUNTDN (COUNTDN) 110. WAS DICEASED EVER IN U. S. ARMED FORCEST 110. SCIAL SECURITY NO. 110. WAS DICEASED EVER IN U. S. ARMED FORCEST 111. OF A SCIENT OF THE COUNTDN (Give of the count) 121. CITIZEN OF WHAT COUNTDN (Give of the count) 122. CITIZEN OF WHAT COUNTDN (Give of the count) 133. FATHER'S NAME 14. MOTHER'S MADEN NAME 15. WAS DICEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 18. MEDICAL GERTIFICATION 19. MEDICAL GERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 210. AUTOPSYT YES NO 210. AU		RACE . WIDOWED DIVORCED	
done during most of working life, even if refresh ALLES WITE DOMESTY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECENSIDE EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. RHORMANT & ADDRESS (17. RHORMANT & ADDRESS) 17. RHORMANT & ADDRESS 17. RHORMANT & ADDRESS 18. MEDICAL CERTIFICATION 19. DATE OF PERATION 20. AUTOPSY? YES NO OF PERATION 21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If ETHER, NOTHY ABDRELA EXAMINE) 22. I hereby certify that I attended the deceased from the work with elevery of the work. 22. I hereby certify that I attended the deceased from ADDRESS (Street, city, toyn, sylle) 23. BURIAL SEE/ANTOR. 24. RECO BY REGISTRAR REGISTRAR REGISTRAR REGISTRAR SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 26. RECO BY REGISTRAR REGISTRAR REGISTRARS SIGNATURE 27. FUNERAL DIRECTOR'S SIGNATURE 28. FUNERAL DIRECTOR'S SIGNATURE 29. FUNERAL DIRECTOR'S SIGNATURE 20. ADDRESS ADDRES		remale white (specify) widowed shave	14984/2 1883 76 yrs. Months Days Hours Mi
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS [19. IN. INFORMANT & ADDRESS [19. INFORMANT & ADDR		10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if OR INDUSTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 15. MEDICAL CERTIFICATION 15.		retired) HOUSEWITE DOMESTIC	
15. WAS DÉCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 17. INFORMANT & ADDRESS 17. INFORMANT & ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. MEDICAL SERVERY 19. 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21. MEDICAL SERVERY 21. MEDICAL SERVER		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Yes, ng, or unk.) (If Yes, give wer or delete of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10 MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH ONSET AND DE		DOYGLAS MARTIN	MARGARET DOLINSON
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 15. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 15. TABLE OF CONDITIONS DIRECTLY LEADING TO DEATH 15. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 15. MEDICAL CERTIFICATION 15. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS, IT ANY, (8) 16. DISEASE OR CONDITIONS CONTRIBUTING 17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 18. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE OF THE DEATH OF THE DEATH OF INJURY STREET, OR INJURY			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECDENT CAUSE (A) ANTECDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OR CONTRIBUTING CAUSE LOST. OR CONTRIBUTING CAUSE LOST. OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Monith) (Day) (Year) (Hour) While of work of work of work of work of work of work of work of cemertery or Crematory ADDRESS (Streat, city, toyn, spin) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stole) ONE AND CAUSE OF CONTRIBUTION ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) ONE OF CEMETERY OR CREMATORY LOCATION (CITY OR CREMATORY LOCATION (CITY OR CREMATORY ADDRESS			ALMER DORSEY 4195. BENTALOY
ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTANSE OR CONDITION CAUSE DEATH DISEASE OR CONDITION CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTANSE OR CONDITION CAUSE DEATH DISEASE OR CONDITION CAUSE DEATH OF CONTRIBUTING CAUSE DEATH (FETHER, NOTIFY MEDICAL EXAMINE) 21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While of work et work et work. ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, or country) ON ADDRESS (Street, city, town, or country) ON ADDRESS (Street, city, town, or country) ON ADDRESS (STRANTURE) 23. BURIAL EREMATION, REJOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) LOCATION (City, town, or country) ON CONTRIBUTING ON CONTRIBUTION (CITY, town, or country) ON CONTRIBUTION (CITY TOWN) ON CONTRIBUTION (CITY TOWN) ON CONTRIBUTION (CITY TOWN) ON		I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while Not while Howert, et work of work of work of work) 22. I hereby certify that I attended the deceased from 10 of work of work of work of work of work. 31. BURIAD, CREMATION, 19. And that death occurred at 1. A.M., from the causes and on the date stated above. ADDRESS (Streat, city, toym, table) DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) DATE SIGNED ADDRESS (Streat, city, toym, table) DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stele) DATE SIGNED ADDRESS (Streat, city, toym, table)		157 X IMMEDIATE CAUSE (A)	may Vanceles 4 Minu
DISEASES OR CONDITIONS, IF ANY. (8) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESTASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY STREET, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 21e. ACCIDENT WAS UNDERLYING OF INJURY OCCUR? (City or town) 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 22e. I hereby certify that I attended the deceased from OF INJURY OCCUR? 2			
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Not while et work. 22. I hereby certify that I attended the deceased from		DISEASES OR CONDITIONS, IF ANY, (8)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While of work etwork et		STATING UNDERLYING CAUSE LAST.	
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY STREET, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY STREET, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING DEATH OF INJURY OCCUR? YES NO (Stete) 21e. WHERE DID INJURY OCCUR? (City or town) (Stete) 21f. HOW DID INJURY OCCUR? While Det work Death OF Injury OCCUR? While Det work Death Occurred Deat		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OR CONTRIBUTING 20 CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 21e. ACCIDENT WAS UNDERLYING 21e. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) (Siete) 22f. Horeby certify that I attended the deceased from Not while et work 21e. How of Unity occur? (City or town) (County) (County) (Siete) 22e. I hereby certify that I attended the deceased from Not while et work 21e. How of Unity occur? (City or town) (County) (County) (County) (Siete) 22e. I hereby certify that I attended the deceased from Not while et work 21e. How of Unity occur? (City or town) (County) (Coun			
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED Not while et work 19.5	1		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While et work et work 1 alive on		21e ACCIDENT WAS INDERLYING II 21h PLACE (Home form factory	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURED While Not while et work 21f. HOW DID INJURY OCCUR? While Not while et work 21f. HOW DID INJURY OCCUR? While Not while et work 21f. HOW DID INJURY OCCUR? While Not while et work 19		OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	County) (Siere)
22. I hereby certify that I attended the deceased from		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
alive on			
alive on		22. I hereby certify that I attended the deceased from	, 19.57., to 13/18, 19.51., that I last saw the deceas
23. BURIAD, CRÉMATION, REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	1		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	10M	SIGNATURE	ADDRESS (Streat, city, town, state) DATE SIGNI
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	-55		CREMATORY 34/4/5
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	5C 1	REMOVAL (SPECIFY)	
HAD 1 1 100 III	SAI		
	>		

CERTIFICATE OF DEATH

NO. 189 374

			1	
10	1	1	т	
1			п	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

nacte

		ŧ	ŧ	4	1	}	T	*
eg. Dist.	No.							

	26.	54	CERTII	FIC/	ATE OF D	EATH			Reg. D	ist. No.		(114
1. PLACE OF DEATH o. COUNTY Ann	e Arundel		MARYL	AND	o. STATE	ence (Who		d lived. If instituti b. COUNTY			nd e	
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ls, write	c. LENGTH OF STAY I	N 1b			utside corpo	orote limits, write R	URAL ond	give nec	rest tow	n)
Riva	TAI III and in beautiful a	i	alaba a sa s		d. STREET A	DDDECC	Arnol	d			e. IS RES	IDENICE
	TAL (If not in hospitol, g a Nursing H		ocoress		d. SIREET A	DDKE22					ON	FARM?
3. NAME OF DECEASED (Type or print)	Fir RHOD A	51	Middle		Loss DUI		4. DATE OF DEATH	Mor Mar		Do		Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	оП	B. DATE OF BIRTH	1	-	9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
Female	Caucasian	WIDOWE	D DIVORCED		March A	. 187	78	lost birthdoy) 8] yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	Jone 10b. 1		NDU				country)	12. C	ITIZEN C	F WHAT	COUNTRY
Housewif	rking life, even if retired	-	wn home		Wayne	sburc	nigh.	Virginia	U.	S.A.		
13. FATHER'S NAME					14. MOTHER'S						-	
SIRAS	BROWN				Unknowr	1						
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT	4		Add	ress			
[Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	0.003142	M	r Lurty	D1177 S	Sr- S	on Se	me a	s #2		
CATIC	the under-	Gë	ONTRIBUTING TO DEA		ARTE		CIEL	Posis	/EN IN PA	RT 1(0) 1	PERFO	AUTOPSY DRMED?
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter noture of	Finjury in P	ort I or Por	rt II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yes	While	Not while of work	20e. PL fo	ACE OF INJURY (I ctory, street, office	dome, form, bldg., etc.	20f. (Cit	y or town)		(County)		(Stole)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	DWARD S BECON, 22b. DATE THERECO	19.5 K, M.	9., and that	death	M.D	outhga	M, from	m the causes of treet, city or town,	ond on stote)	the do	te stat D	ed abave ATE SIGNE
Burlal (Specify	March 7.	1959			IN CREMIATOR!				or county)		(Sto	_
23. PUNETAL DIRECTO		-107	ADDRESS			240. REC'D		TRAR 246 REGI	STRAP'S S		ylan PF	<u>u</u>
10	THE AV. HE	7	Annapolis	5. 1	Maryland	DATHAR			Lua 8			

FOR STATE HEALTH DEPT.

files. Heolth, 199 af. retaine e State da ond OFF wed should CTOR: should FUNER

Q = Q VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

112617

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTYE ANNE ARUNDET a. STATE MARYLAND MARYLAND b. CITY OR TOWN (Il outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS EDGEWATER d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ANNE ARUNDEL Stewart Farm YES NO 3. NAME OF First Middle 4. DATE Month Year DECEASED JAMES (Type or print) RINGGOLD DUVALL DEATH MARCH 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HAS. foot birthday) Months Male White WIDOWED [DIVORCED | Feb. 17, 1895 64 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farm Caretaker Edgewater, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RINGGOLD DUVALL WITLLARD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Steele Ave. If yes, give war or dates of service! NO E. Saunders Duvall- Brother- Annapolis, Maryland none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1-2-3 rd day IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse **DUE TO** (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPS CATION PERFORMED? YES K NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While of work of work 21. I certify that Jook charge of the remains described above, Keld an Autapsy [17], Inspection Inquiry and in my apinion death resulted from: Accident W. Suicide . Homicide . Undetermined manner Natural causes ACTUAL DAJE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Elmer G. Linhardt. MD DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (Stote) March 30.1959 Salem Cemeterv Annapolis, Maryland **ADDRESS** 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthur & Kraus Annapolis. Md.

* RTATORO SYADETRED PRESIDENTAL DE CAMA X

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2655

CERTIFICATE OF DEATH

02618

Reg.	Dist.	No.	

1.	PLACE OF DEATH o. COUNTY Anne. Artino	del		MA	RYLAND	2. USUAL RESI o. STATE Mary		ere deceased	d lived. If in b. COL	JNTY			e odmiss	
	b. CITY OR TOWN (If RURAL and give nec	outside corporate lim	its, write	c. LENGTH OF STA		c. CITY OR	TOWN (If ou	tside corpo	rote limits, w	rite RUR	AL and g	give nea	rest town	1)
F	t Geo. G.	Meade		l Da	V	X Sev								
	d. NAME OF HOSPITA OR INSTITUTION USAH Ft Ge			oddress)		/d. STREET / 425	Thomps	on Av	e					FARM?
3.	NAME OF DECEASED (Type or print)	(Infant)		Midd R.		Eng	gle	4. DATE OF DEATH	M	Month	1	24	у	Yeor 19 ⁵⁹
5.	SEX	6. COLOR OR RACE	7. MARRI			8. DATE OF BIRT	Н		9. AGE (In y		UNDER	I YEAR Days	IF UND	ER 24 HRS.
	Male	White	WIDOWE		-	24 Mar	//			yrs.	TOTAL STATE OF THE	Days	Hours	Min.
100	USUAL OCCUPATION during most af worki	N (Give kind of work ng life, even if retired	done 10b.)	KIND OF BUSINESS	OR INDU		yland	r foreign co	ountry)		1	izen o	F WITAT	COUNTRY?
13.	FATHER'S NAME		1			14. MOTHER'S	MAIDEN NA	AME					-	
D	onald R En	gle				Patr	icia J	. Stu	ckey					
15.	WAS DECEASED EVER			SOCIAL SECURITY N		NFORMANT			May 1	Address		-		
	s, no. or dishewn)	r yes, give wer or dates or s	service)		Do	onald R.	Engle	, 425	Thomp	son	Ave	, Se	veri	n, Md
	The second secon	H [Enter only one co			c).]								RVAL BE	
	7593	IMMEDIATE CAUSE (c	-	phyxia			Microa	math	า้า					
	757.5	DUE TO		Dalais	Change		Cleft							
	Conditions, if an	mediate	1	rre Robin	Sym	0.0.0.0								
	cause (o), stating It lying cause lost.						Glosso	ptosi	.S					
CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	E CONDITION	N GIVEN	IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED? NO [
	20a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in Po	ort I or Port	I II of item 18	3.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	Not while of work	20e. PL fo	ACE OF INJURY (ctory, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)		(0	County)		(Stote)
	21. I certify the alive on 21. I	at I attended the	decease , 1959	and the	March of death	, 19.59 accurred at	5:30	Marc M, from DDRESS (Sh	the caus	es and	d an th	last so he dat	te state	deceased ed abave. ATE SIGNED
	PHYSICIAN'S NAME (Type) R'E	PEDERICK W	LAFFE	TRTY Cap	tain	MC U. S	S. ARM	Y HOS	PITAL,	FT	MEAI	DE,	MD	
	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CE			(rion (City, to				(Stot	e)
-	FUNERAL DIRECTOR'S	3-27-5	9	ADDRESS	ield	Cemete	ry		9			Chiarin	c	
	illiam Coo		1217		Stre	tt	DATE MA				Lug &			
	205	0233	XVS	3	-100								10.2	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in two the funeral director.

2063726XVO

	_	AND 609	STATE DEPART	MENT OF			TIMORE,	18 Reg. Dist.		2619
1. PLACE OF DEATH				O STATE		here deceased	lived. If institu		before od	mission)
A	nne Arundel		MARYLAN	1D 0. 31A1E	Maryl	and	b. COUNT	Anne .	Arund	lel
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN	c. CITY C	OR TOWN (If o	outside corpor	ote limits, write	RURAL ond giv	ve nearest t	lown)
Annar	olis			10		Anna	polis		37.	- 100
OR INSTITUTION	PITAL (If not in hospital, gi			1	5 Ches	ter S	treet		10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE		inth	Day	Yeor
(Type ar print)				For	rester	DEATH	March	18		19 50
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED				9. AGE (In year:		YEAR IF U	NDER 24 HRS.
Female	Negro	WIDOWE			h 18.	1959	lost birthdoy)		oys Ho	5 55°
10a. USUAL OCCUPAT	ION (Give kind of work d	lone 10b.	KIND OF BUSINESS OR IN				untry)	12. CITIZE	EN OF WHA	AT COUNTRY?
during most of we	orking life, even if retired)			,,	Marvlar	2		11.	C,	Δ
13. FATHER'S NAME					R'S MAIDEN N			17.	0'	1
	Allboret Warre						1.7			
	Albert Forre			INFORMANT	is Paul	Line_Bo		dress		
(Yes, no, or unknown)	(If yes, give war or dates of se		SOCIAL SECONITI IVO.			1				
T.,					Mother	, 415 (Chester	Ave.	Annapo	
1	EATH [Enter anly one cause EATH WAS CAUSED BY:	use per lin	e for (o), (b), ond (c).	District	tool					NO DEATH
mnly	IMMEDIATE CAUSE (o)			, coma	mruly				10-	hh 3
1167	DUE TO				(7				
Conditions, if	immediate (
couse (a), statin	g the under- DUE TO									
lying couse los	_ / (c)									
PART II. O	THER SIGNIFICANT CONE	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	INAL DISEASE	CONDITION G	VEN IN PART I	(a) 19. W	AS AUTOPSY RFORMED?
3									YES	ON O
PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter notur	re of injury in	Port I or Port	II of item 1B.)			
		r 20d. IN	JURY OCCURRED 20e	. PLACE OF INJUR	RY (Hame, farm	n, 20f. (City	or town)	ICo.	ounty)	(State)
WED CONTROL TO THE OF INJUING HOUR a.m. p. m.	. 10	While	Nat while at wark	factory, street, of	ffice bldg., etc	:.)	o. , a,	(60	011177	(Sidie)
21. I certify	that I attended the	decease	ed fram Maria	18, 195	9 , ta_	much	13, 1954	that I last	saw the	e deceased
alive on	mark 18	_, 19_	, and that de	ath accurred	at 1:451	M, fram 1	he causes a	nd an the	date sta	ted above
-	1 14/	1					reet, city or town			DATE SIGNED
ACTUAL SIGNATURE	us He	de	mo M7	M.D	95	Cuts	udrel	JV		3/24/
PHYSICIAN'S NAME (Type)	<u></u>				an	me	lis,	727	۵.	/
220. BURIAL, CREMAT	ON, 22b. DATE THEREON	59	22c. NAME OF CEMETER BALLE	Y OR CREMATORY	el	22d JOCAT	ION (City, town,	or county)	in	Stote)
23, FINERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	5	/ 24g. REC'	D BY REGISTI	RAR 24b. REC	SISTRAR'S SIGN	NATURE	
Um, Rees	e#.10810	show	t. ann	ama	DATE M			Inthun &		

11084			1003
			400
	The state of the state of		
		PROPERTY.	HE STATE AND SHOP OF THE STATE
		ATCHEC TO	
At the same of the same			

VS A15 (4) 15M 9/55 M

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1

2610 CERTIFICATE OF DEATH

N

02620

Reg. Dist. No.

8

b. CIPTOR TOWN (If outside corporate limits, write pure for nod give nearest fown) MANAE OF HOSPITAL (If not in hospital, give street	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Who s. STATE) c. CITY OR TOWN (If o	b. COUNTY	aa
Christian are nearest town). Md	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside comorate limits, write RU	DA1 and about the all
d. NAME OF HOSPITAD (If not in hospital, give street		10 Cm	apolis	IKAL and give nearest town)
Of institution General	address)	d. STREET ADDRESS 41 Mul	ray ave	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) CCCLENCE	Middle	Fouche	4. DATE Montl OF DEATH MARC	73
MI and What I		June 14 th		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most at working life, even if retired)	KIND OF BUSINESS OR INDL	Amo	spolis Md	12. CITIZEN OF WHAT COUNTRY?
John Y. touch		14. MOTHER'S MAIDEN N	P Medto	rd_
(NAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Ella M.	Fouche	··· (2)
PART I. DEATH WAS CAUSED BY:	A	did infar	chen	INTERVAL BETWEEN ONSET AND DEATH
Conditions if any which	an any antry	a the only son	,	Sano
gove rise to immediate couse (o), stating the under-lying couse last.	1			
		T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 13
20g. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCONTRIBUTING ACCONTRIBUTING ACCOUNTS A	CRIBE HOW INJURY OCCURRI	ED. (Enter nature af injury in P	Part I or Part II of item 18.)	
Haur a. n. While	Not while fo	ACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City or tawn)	(Caunty) (State)
0 / /	Θ.			,that I last saw the deceased
ACTUAL John & Jkden	en-		ADDRESS (Street, city or town, s	
PHYSICIAN'S NAME (Type)		am	upolis, blig	/,
BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY C	Clmeluy	22d. LOCATION (City, town, or	The state of the s
annull !			/	
	SEX 6. COLOR OR RACE 7. MARK WIDOW 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER'S NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. Ill yea, give war or dates of service) 18. CAUSE OF DEATH [Enter anly one cause per limed of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS (c) PART II. OTHER SIGNIFICANT CONDITIONS (c) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. 1. p. m. 19 While of work and the decease olive on 19 Cause of Death (c) ACTUAL SIGNATURE MULL A ARMED FORCES? PHYSICIAN'S NAME (Type) D. BURIAL, CREMATION, 22b. DATE THEREOF	SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DIVORCED DIV	SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED Mune 14 MOTHER'S MAIDEN MOTHER'S NAME MOTHER'S MAIDEN MOTHER'S NAME MOTHER'S MAIDEN MOTHER'S NAME MOTHER'S MAIDEN MOTHER'S MOTHER'S MOTHER MEDICAL EXAMINER) MOTHER'S MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MAIDEN MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MOTHER'S MOTHER MEDICAL EXAMINER MOTHER'S MOTHER MOTHER MEDICAL EXAMINER MOTHER'S MOTHER MEDICA	SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED WILDOWED WILDOWED DIVORCED WILDOWED WILDOW WILDOWED WILDOW

	ATE OF DEATH	SETO CERTIFIC	
		and the second s	
			1
		THE RESERVE OF THE PARTY OF	
		Ser Tring	
	A STATE OF S		
Peter Section of the August 2001		21. 1 curply 10.1 offerded the there and from	b
		PARTITION OF THE PARTIT	
		The second secon	

MAILYLAU STATE DEPARTMENT OF SEATTH-BALLING COLORS

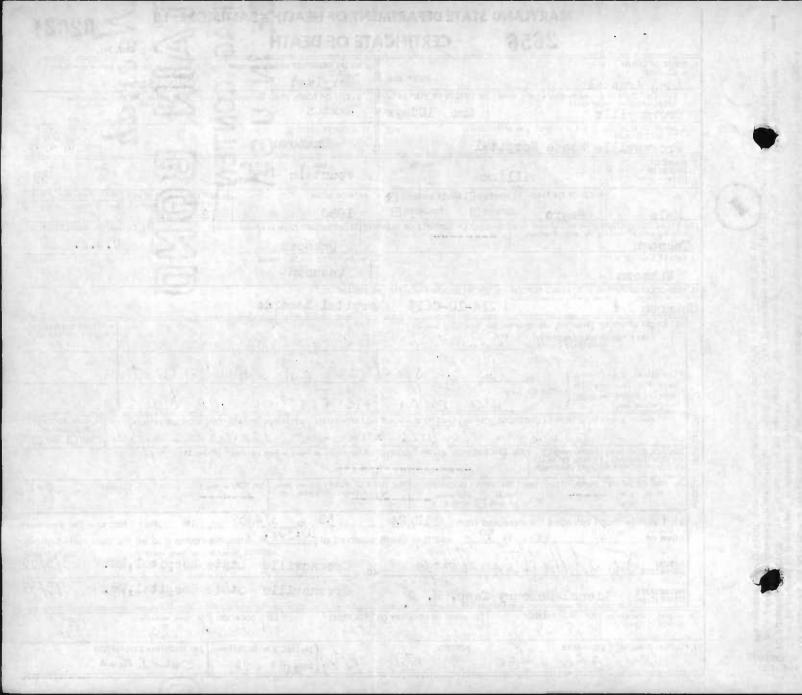
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2656 CERTIFICATE OF DEATH

	n	0	0	9	4
	11	4	U	2	

	40					Reg. Dist. N	lo.	
1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W	here deceased	6 COUNTY		fore admiss	ion)
b. CITY OR TOWN (If outside corporate I	imite audite. Le 15000	TH OF STAN IN 11	Maryland			line	101	ent v
RURAL and give nearest lown)		TH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write RI	JRAL ond give r	rearest fowr	1)
Crownsville	2mc	10days	Easton			d	040.	. 2
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION			d. STREET ADDRESS			250	e. IS RES	FARM2
Crownsville State	Hompital		Unknown	1			YES 1	NO (
3. NAME OF DECEASED (Type or print)	First William	Middle	Fountain	4. DATE OF DEATH	Mon		A	Yeor 19 59
S. SEX 6. COLOR OR RAC	E 7. MARRIED N	EVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
Male Negro	WIDOWED [7	DIVORCED [1880	119	10st birthdoy) 78 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of wo	rk done 10b. KIND OF	BUSINESS OR INDU		or foreign co		12. CITIZEN	OF WHAT	COUNTRY
during most of working life, even if retinually the second of the second	ed)					II.	S.A.	
13. FATHER'S NAME			Unknown 14. MOTHER'S MAIDEN N	JAME		0.	W.A.	
			Unknown	AVME				
Unknown 15. WAS DECEASED EVER IN U. S. ARMED F	oneren la comunica	anna la						
17es, no. or unknown) 18th yes, give wor or dates Unknown	of service)		NFORMANT Hospital Reco	rits	Addr	ess		
18. CAUSE OF DEATH [Enter only one	couse per line for (o).	(b), and (c),]	2		1 =	LIN	ITERVAL BE	TWEEN
PART I. DEATH WAS CAUSED 89	1 -7 - 1 -	1	and Deh	udrag	trah		NSET AND	
IMMEDIATE CAUSE		1/101	and you	94161	7070			
3 /0.3 DUE	10 0.7	12.0	1	tin	1 What.	. 4		
Conditions, if ony, which gove rise to immediate	(b) 1001;	Jactica	Lni	carino	1 0031	muldy		
couse (o), stoting the under-	TO TI	to by t	E		0-11-11			
lying couse lost.	(c) Inter	1 LOCUGY!	erie tract	ure r	NOHIN	(p.		
PART 11. OTHER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	PONDITION GIVE	THE PART 10)	19. WAS /	AUTOPSY
3 002 x /almo	ndry Yu	· beraul	01/1	Jeni	1174 -	Juhhillis	YES T	RMED?
PART II. OTHER SIGNIFICANT CO	206. DESCRIBE HOV	W INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part	11 of ilem 18.)	11		
OR CONTRIBUTING CAUSE OF DEAT	HI					11		
T 20c. TIME OF INJURY Month, Day,	Year 20d. INJURY OC	CURRED 20e. PL	ACE OF INJURY (Home, form	206 ICIN	or town)	1C augh		#54-4-X
20c. TIME OF INJURY Month, Day,	While _ Not	whilefo	ctory, street, office bldg., etc	.)		(County	Y)	(Stote)
p. m.	of work of w	ork	50	7/1/50				
21. I certify that attended th	ne deceased from	12/24	19 58 to	2/4/27	, 19	,that I last	saw the	deceased
alive an 3/4//	34/19 29/	and that death	accurred at 10:30	M, from	the causes a	nd an the d	ate state	d abave
1 1111	Ho. In	6//		ADDRESS (Str	reet, city or town,	tote)	DA	TE SIGNE
SIGNATURE CHAM	10 Uny //	14/10	MD Crownsvil	le St	ate Hosp:	Ital, Md.		1/5/55
BHYSICIANIS	Henry Mapp	, M. D	Crownsvil	le St	ate Hosp	ital,Md.		3/5/59
220. BURIAL, CREMAJION, 2254 DATE THER	EOF / 22c. NA	ME OF CEMETERY O	R CREMATORY/	22d/IOCAT	ION (City) town, o	(knunty)	/Stote	a) #
REMOVAL (Specify) / March	12/50 1	seller C	hapel	A ella	el Alenn	0	m	1
23. FUNERAL DIRECTOR'S SIGNATURE	ADD	RESS 1	1 124c DEC	D BY REGISTS	DAD 24h PEGIS	TRAR'S SIGNAT	IDE	
(1/1/1/ppie x	Ago 1	Monto	mil	d a IFO	4-1-1	RAKS SIGNAL		



haurs after death.

within 24

executed

that the death certificate be

ATTENDING PHYSICIAN: The law requires

00

TO HOSPITAL

(If not in hospital, give street_address)

1. PLACE OF DEATH a. COUNTY

NAME OF

DECEASED

(Type or print)

ENTHER'S NAME

420.1

lying couse last.

20c. TIME OF INJURY

alive an

ACTUAL

PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION,

EMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour a. m

p. m.

Canditians, if any, which

gove rise to immediate

coese (a), stating the under-

20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month,

b. CUTY OR TOWN (If autside corporate limits, write

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

6. COLOR OR RACE

USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O during most of working life, even if retired)

Mar (

CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

22b. DATE THEREOF

Larly

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE.

BURAN and give nearest fown)

d. NAME OF HOSPITAY

CERTI

MARY

Middle

DIVORCE

c. LENGTH OF STAY

7. MARRIED NEVER MARR

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY O

20d. INJURY OCCURRED

Not while of work of wark

22c. NAME OF CEM

While

WIDOWED [

FIC.	ATE OF DEATH	4		Reg. Dist. I		522
LAND	2. USUAL RESIDENCE (WI	here deceased liv	ed. If instituti b. COUNTY	on: Residence b	efore admissi	on)
IN 1b	c. CITY OR TOWN (IF	akoe	limits, write R	URAL and give	nearest town	
	d. STREET ADDRESS	ontic	ello	ave	e. IS RESI ON A YES	DENCE FARM? NO
,	French	4. DATE OF DEATH	Mon 3		6 1	959
	Dec 21-18	794	GE (In years ost bistoday) yrs.	Months Day	rs Haurs	Min.
Bus	Morfoli	ar foreign count	(Y)	2/	S. A	COUNTRY?
17 _P II	14. MOTHER'S MAIDEN NEORMANT	. 201	volh	iser		
Z	Illie L	, fr	ene	h (2)	
DI	of INFI	ARCIT.	201	C	NTERVAL BET	WEEN DEATH
R)	1 THROM	18051	5		1 Hou	R
EC.	NOT RELATED TO THE TERM	une/	ACT.	015.	UNK	Nover
/	D. (Enter nature of injury in	INAL DISEASE CO		EN IN PART I(C	PERFOR	NO 4
	ACE OF INJURY (Home, farm					
fac	ctory, street, office bldg., etc	:.)	rawn)	(Coun	117)	(Stole)
death	2 , 19.57, to accurred at 1901	2M, from th	ne causes o		date state	d abave.
2/	M.D. 41 500	ADDRESS (Street	city or town,	state) FUE	3/	ZS5.
mi	ANNAI	Polis	mz	>		
TERYO	R CREMATORY	22d. LOCATION	folk	2	Va)
1	1 24a. REC'	D BY REGISTRAR	/ / 245. REGI:	STRAR'S SIGNA	TORE	

arilar S. Krous.

ADAD-

5 Poges 1 papers. death. after within 72 please or attending physicial or attending physicial remayal, and burial-transit After this certificate detached for use as the by the haspital ECTOR: may be related TO FUNERAL

VS A1S (4) 1SM 9/SS

alt and ent			100	
	ex grandent in the 200 h			
	511.41			
		Contract Section 1		
				1
	CAR SHARE IN	Vites of its to	AND ON THE PARTY OF	
		Vita all tab		
			ALL OF THE REAL PROPERTY.	
			ALL OF THE REAL PROPERTY.	
			ALL OF THE REAL PROPERTY.	

	-	2	
	0	=	
	8	0	
	9	ě	
	-	5	per Para
	0	2	- 45
	D	0	88
	7	5	130
	a)	100	
	-		15
	à.		A.
	C	E.	
	- D	0	
	e	S	
	Œ	96	
	>	0	
	0		
	e	3	
	E	e	
	0	ō	+
	0	-	e
	5	Ö	5
	-	4	0
	.0	ö	O
	Sic	9	73
	7	D	0
	0	e	2
	9	-	1
	-	356	2
	0	9	÷
	÷	0	3
	0	e	=
	th.	는	ē
	>	•	é
	0	-	'n
	ed	E	ō
	e E	Pe	,5
ė	. 2	-	P
0	5	ns.	9
S	e	5	
2	S	=	20
0	0	.E	0
g	6)	2	9
ē	to	0	-
ē	£	두	0
1	E	35	u
_	9	6	ij
0	2.	S	B
0	£	7	9
ā	ē	fc	O
by the haspital ar affending physician.	CTOR: After this certificate has been signed by the attending physician and campletely filled in the tungral director,	e detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 an should be filled with	ir ta burial, cremation, ar removal, and in any event within 72 haurs after death.
40		è,	5
Ĕ	S.	D	ق
×	75	de	0
۵	U	6)	-

page

0

VS A1S (4)

1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2657 CERTIFICATE OF DEATH

Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Baltimore City b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 29yrs.2m6.10d Baltimore. Crownsville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Crownsville State Hospital 826 Tessier Street YES NO TO NAME OF First Middle 4. DATE Month Year 19 59 Gabriel Ida DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Female. Negro Hours Min. 1882 WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Houseworker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cole Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) No Hospital Records Unknown 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Senile Atrophy IMMEDIATE CAUSE (a) DUE TO Generalized Arteriosclerosis Conditions, if any, which gove rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Cellulitis of the Kight Hand YES TO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while at work ot work n.m. 1930 to 3/20 . 19 59 that I last saw the deceased 21. I certify that I attended the deceased fram 1/10 , and that death accurred at 12:45PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Crownsville State Hospital. Md. Crownsville State Hospital, Md. PHYSICIAN'S L. Benedict. NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22CHAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Hanne

Constitution of The state of the blanch of the state of the state of 1 4 4 NAMED OF THE PERSON OF THE PARTY OF THE PART The encel The A CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE COUNTY OF SHIP SHIP SHIP SHIP THE REAL PROPERTY.

02624

~014	Keg. Dist. No.	
1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY	
b. 21TY OR TOWN (If outside corporate limits, write RUBAL and give near st lown) RUBAL and give near st lown?	c. CITY ON TOWN (If autside carporale limits, write RURAL and give nearest town)	
d. NAME OF HOSPYTAYTH not in hospital, give street address) OR HISTITUTION Leneral Hospital	anstreet address Pond P70. #3 . Is residence on a farmy	
3. NAME OF DECEASED (Type or print) Helen Bain	Gray 4. DATE Month Doy Year OF DEATH 3 - 29 195	79
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mir yrs.	
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY) Scotland 13. A.	VTRY
13. FATHER NAME COLET Bain	14. MOTHER'S MAIDEN NAME Seth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (If yes, give war or dates of service)	John Grey Address 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH	
199.2 DUE TO Conditions, if ony, which) (b)		
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED? YES 7 NO 1	7
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature af injury in Port I ar Part II af item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 of work of wark	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (Statory, street, affice bldg., etc.)	ate)
21. I certify that I ottended the deceased fram. May	occurred at 12 PM, from the causes and on the date stated ab	
ACTUAL SIGNATURE John Co. 13 deman	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) A.D. 2 Cashadal 3315	
PHYSICIAN'S NAME (Type)	Carryles Wed	
220 BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OF SURVIVAL OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (State)	2
23 JUNERAL DIRECTOR'S SIGNATURE LA SUNO COMESS POL	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEMPR 2 '59 Carthur S. Kraus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatived by the haspital an attending physician.

TO FUNERAL PRECTOR: After this certificate has been signed by the attending physician and campletely filled in 62 the funeral director, page 3 she at be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and though the registrack prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

W

	ADRITADO SEAS
	equires 3
	A CHARLES TO STANDARD TO SERVE AND A SERVE
in by the g	THE STREET AS STREET,
	STANDARD COMMENTS OF THE STANDARD COMMENTS OF

DI: Malan CERTIFICATE OF DEATH 2613 Reg. Dist. No. Poge 4 With 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND WNE death. erol b-CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If actside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Pin WNA d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS OR INSTITUTION 2 NAME OF First 4. DATE Middle Lost Month DECEASED (Type or print) DEATH SAL NCOC 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9, AGE (In years last birthday) Months WIDOWED DE DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) puo ofter 13 FATHER'S NAME 14. MOTHER'S physicion DB 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war ar dates of service) attending eose within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** ģ E. Ony Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underpuo lying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part It of item 18.) SO WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Month. 20d. INJURY OCCURRED Day, Year Hour a. m. factory, street, affice bldg., etc.) While Not while at work at work p. m 1934, that I last saw the deceased 21. I certify that I attended the deceased fram alive on and that death accurred at M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 226. EOCATION (City, town, or county) REMOVAL (Specify) YRIA 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DAYAR 3 0 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02626

e. IS RESIDENCE

Haurs

INTERVAL BETWEEN ONSEL AND DEATH

Orac

PERFORMED? YES T

NO

(State)

DATE SIGNED

(State)

Day

Days

(County)

ON A FARM? YES NO

Year

SCI S CERTIFICATE OF DEATH	
	4
	100
	I E
	2
and the first of the second of	
	1
	la
The second of th	7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2614 CERTIFICATE OF DEATH

02627

	2014	JEKTIT TO	112 01 027111	R	eg. Dist. No.
	1. PLACE OF DEATH Q. Q.	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institutions b. COUNTY	Residence before admission)
	RIVRAL and give neglest taway	OF STAY IN 16	c. CITY OR TOWN TIF OU	utside carporate limits, write RURA	AL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION H. F. COMPLES		d. STREET ADDRESS	inklin	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First	Middle J.	Herron	4. DATE Month OF DEATH	- 3 19 59
	Female White Widowed	ER MARRIED DIVORCED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. Nonths Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BL during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stole &	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Colmer Martin Juckson	n Si.	Blanche	Beatrice 1	Bower
	15. WAS DECEASED EVER IN-U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give pror or dated of privice)	URITY NO. 17. II	obert J. H	erron	2
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GROWN), and (c).] 2 (SS	mort be	art diseas	INTERVAL BETWEEN ONSET AND DEATH
	252,0 DUE TO Canditions, if any, which) (b) C926	dias	strain		10 year
	gove rise to immediate	Reoto	treosis		
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCURRE	D. (Enter nature of injury in Po	art I ar Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCU While Not what work of work of work of work.	hile fac	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased fram.		56, 1956, ta 3		hat I last saw the deceased I on the date stated above.
	ACTUAL SIGNATURE SANTH ROULES	11.7		ADDRESS (Street, city or town, state	
1	PHYSICIAN'S EDITH RODL	ERM	(·)		
	220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAMI PRINCIPLE 3-6-59 Man	E OF CEMETERY O	R CREMATORY Cent	22d OCATION (City, town, or co	aunty). (State)
	23- FUNERAL DIRECTOR'S SIGNATURE SUS CANDRE	repoli	DATE MA	the contract	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL PARETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shows the property of VS A1S (4) 15M 9/SS

A STATE OF THE STA					
	10000				
	4 V X A				E
western between		of telling			S. C.
CO THE LAND	N. C.				
					di
				A Delication	38
and on the last of the Control of th				- Latina	
				in serious	
			The state of the s		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2615 HEALTH DEPT. 1 PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 BURAL essary. and give negrest fown) JAO J d. NAME OF HOSPITAL INSTITUTION (If not in posphol, give street address) d. STREET-ADDRESS 3. NAME OF First Middle DECEASED (Type or print) 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH with WIDOWED [DIVORCED T 50 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY age duting post of working life, even if retired) 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT III ves, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 0 Office DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY used 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING shoutd 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day Year While Not while C of work of work Poge of the remains described above, beld an Autopsy . 21. I certify that I took charge CTOR: opinion death resulted from Natural causes Accident 17. Suicide | ACTUAL SIGNATURE **EXAMINER'S** should FUNER NAME (Type) 229 BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 FUNERAL/DIRECTOR'S SIGNATURE

VS. A15ME 5M 2/57

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Perhance before admission) b. COUNTY C. CITY OR TOWN HE offside corporate links, write RURAL and give nearest town) e. IS RESIDENCE ON A FARME YES NO DATE Month DEATH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS. ost birthylay) Months Doys Hours yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MAJDEN NAME INTERVAL BETWEEN ONSET AND DEATH PERFORMED? 20f. (City or town) (County) (State) factory/ street, office bldg., etc.) Inspection Inquiry and in my Homicide . Undetermined monner DATE/SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 226. LOCATION (City, town, or egenty) 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE Variling & House DATMAR

MEDICAL EXAMINER'S CERT
THE RESERVE OF THE PARTY OF THE
A CONTRACT OF CONT
Control of the Contro
The second state of the second

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY / JULIE ARUNDE L MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inditation: Residence before admission) o. STATE OUNTY b. OUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address), OR INSTITUTION A. A. CENERAL HOSPIT-	d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) /ELLIE Middle	HOLLAND 4. DATE Month Day Year OF DEATH 3 19 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Augustichtday) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY OF BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME Revello	nonce Man ne
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	amo Halland Pramo mo
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) EREBRAL	THROM 305/5 INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO (b) ACTERIOS C/I DUE TO (c)	EROSIS, GENERALIZED UNKnown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU ACTECIOS CIERO TIC HEAD	TO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO P
	ED. (Enter noture of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 White Not white of work of work	LACE OF INJURY IHome, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 18 17 AC 19 5, and that deaf	h occurred at 230A-M, from the causes and an the date stated above.
SIGNATURE SULLANDES SIGNAT	ADDRESS (Street, city or town, stote) DATE SIGNED AND. 4/1 EUTh 9 At P. AUT. 3/19/50
PHYSICIAN'S NAME (Type)	ANNAPULS MD
3 REMOVAL (Specify) 3-22-37 Sign	OR CREMATORY AND CONSTRUCTION (City, town, or county) (Start)
23. FUDERAL DIRECTOR SIGNATURE ADDRESS	240. REC'D'BY REGISTRAR 24b. REGISTRAR'S SIGNATURE MAR 2 3 '59 Outland S. Knows
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address), OR institution of the peccase of t

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, may be retained by the haspital or attending physician.

TO FUNERAL CRECTOR: After this certificate has been signed by the attending physician and campletely filled in k page 3 shows detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar paint to burial, crematian, or remaval, and in any event with 72 hours after death.

VS A1S (4) 1SM 9/SS

,	SETS CERTIFICATE OF DEATH				
		and/rise			
				1	
				STATE STATE	

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should trivereded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERA GRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 of 2 with the State of Health, or the second in any event within 2 hours offer death. 4 should

0

V\$. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH
200 Item 7 FilmG240 3-20-59 et Reg. Dist. No.

1	12	63	n

-		600	7	The same of the sa	1.14		· · · · · · · · · · · · · · · · · · ·					
	PLACE OF DEATH 6. COUNTY	Anne Arun		MARYLA		JAL RESIDENCE (d lived. If institu		ence bef	are odm	ission)
	ond give negrest lower of Glen Bi	f outside corporate limits,	write RURAL	c. LENGTH OF STAY IN	lb c. C	Same	If outside corp	orate limits, write	RURAL and	give n	eorest to	wn)
-		AL OR INSTITUTION		ospital, give street address) Beach	/ d. s	TREET ADDRESS					ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Frank D. 1	_{First}	Middle		Last	4. DATE OF DEATH	March	15t)	Day		reor 19 59
5. \$				RIED NEVER MARRIED		PRIL 17		9. AGE (In years last birthday)		-		ER 24 HRS Min.
100	. USUAL OCCUPATION	ON (Give kind of wong life, even if refire red labor	ork done 10b	. KIND OF BUSINESS OR IND	-				12. CITI	IZEN OI	F WHAT	COUNTRY
13.	FATHER'S NAME	FRANK HUS	TAK		14. MO	THER'S MAIDEN						
15. [Yes	WAS DECEASED EV	ER IN U. S. ARMED Ill yes, give war or date		6. SOCIAL SECURITY NO. 17	MARY	SVEHLA,	909 N.	COLLING	PION A	VE.		
		TH [Enter only one TH WAS CAUSED B' IMMEDIATE CAUSE DUE	(o) Co	o for (o), (b), ond (c).]	lon					ONSE	val betwi	ATH
ATION	Conditions, if a gave rise to imme (a), stating the cause last.	diale cause underlying	(b) TO (c)	General Arte			MINALDISEASE	CONDITION GIV	EN IN PAR		P. WAS PERFO	AUTOPSY PRMED? NO
CERTIFICATION	20g. EXTERNAL CAPPRIMARY GO OF COLORE OF DEATH.	USE WAS NTRIBUTING	20b. DESCR	IBE HOW INJURY OCCURRED	. (Enter notu	re of injury in Pa	et I or Port II c	of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy,	WH		PLACE OF IN	JURY (Home, for t, office bldg., etc	m. 20f. (City of.)	or tawn)	(Cou	unty)		(Slote)
	21. I certify th	hot I took choi	ge of the	remoins described o	bove, he	d on Autop	sy 🔲, In:	spection .	Inquir	у 🗷	on	d in my
	1	1		couses Acciden	1 🔲, S	ivicide,	Homicide	, Undete	rmined r	nonne		
	SIGNATURE	ustave 1	Hac	where \$10	M.D.	HIEF MEDICAL E					DATE S	IGNED
	EXAMINER'S NAME (Type)	Gustav	н. г	aubert, M.D.		SSISTANT MEDIC PEPUTY MEDICAL		-	/59			
220	REMOVAL (Specify)			BOHEMIAN	OR CREMATION NATION			ON (City, town, or IMORE M			(Stote	•)
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS CHESTER ST.			D BY REGISTR	AR 24b. REGIS				
-						47.1	4-11-14-4					

thought the reading ALS Trough of Building State of the State of Elizabeth control of the control of CHOCKED CHARGES AND SHIPLING THE ST

	100	
ENCORED THE STATE OF THE STATE	the hospital or attending physician. OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, stacked for use as the burial-transit permit. Then please remave carbon papers. Pages 1 of shalld be filled with a burial, crematian, ar remaval, and in any event within 72 hours after death.	
	be fi	
10110	the full	
2000	5 00	
47 11	filled ges 1 o	
	Pog.	
ברחובה	complement of the complement o	
חב בא	arbon and rect de	
וכחוב	ove co	
200	ing ph e rem 72 hc	
200	offend withir	
	Then event	
201	ermit.	
מלס	en sig onsit p ond ii	
ווב וח	physical phy	
-	icate l	
757	the haspital ar attending physician. OR: After this certificate has been signed by the attending physician and cam etached far use as the burial-transit permit. Then please remove carbon pape etached far use as the burial-transit and in any event within 72 hours effect death.	
0	for us	
KINDI	R: Aft ached burial,	
-	- O = 0	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2659 **CERTIFICATE OF DEATH**

		Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. SIATE b. COUNTY Amne areas
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Desney Auc - Clian sew Vellage.	Desney Aug - Cleawill Tellings YES NO P
	3. NAME OF DECEASED (Type or print)	Direct 4. DATE Month Day Year OF DEATH March 15, 1939
	5. SEX SCOLOR OR HICE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Jen 0 11, 1904 Jers Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INE during goost of working life even of refired)	DUSTRY 11. BIRTHPLACE (Stole or foreign couplry) 12. CITIZEN OF WHAT COUNTRY!
	13. FATHER'S NAME JOSEPH Illich	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of Shiknown) (It yes, give wor or dotes of service) (15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. of Shiknown) (Yes, no. of Shiknown) (15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mrs-angeline Illiet Seme as#2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ronary thrombosis Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b) Coronary	usufficiency swerefuce
	cause (o), stoting the under. DUE TO Scaletes me	eliters 7-years
	3 defective usin	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 29. WAS AUTOPSY PERFORMED? YES \[\bigcup NO \[\bigcup \exists \]
		RED. (Enter nature of injury in Port I or Port It of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from March	1. 1954, to March 15, 1959, that I last saw the decease
	ACTUAL R.M. Mc Lauchlen	ADDRESS (Street, city or town, state) DATE SIGNE ADDRESS (Street, city or town, state)
	PHYSICIAN'S R.M.McLaughlin, M.	D.
	220. BURIAL, CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SINGLETON FUNERAL HOME, GLEN BURNIE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAR 1 8 '59 Orthor S. Thomas

		CERTIFICAT	
	mag a maga		
The second second			
		16.9	1 17 . e

FOR STATE

HEALTH DEPT.

of director. Page of director. Page of or your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 ta the funeral 4 shauld provarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERA CIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

ol

de

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	266	nem 9	FilmG240 4-1	-59 et			Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY A	nne Arundel		MARYLAND	2. USUAL RESIDENCE 9. STATE Vir	(Where decear ginia	sed lived. If institution b. COUNT		e before odn	nission)
b. CITY OR TOWN (I	outside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	_	porate limits, write	RURAL ond g	ive neorest to	own)
Gambri	11s			Mir	neral		8	X	
d. NAME OF HOSPIT	AL OR INSTITUTION (ff not in hos	pitat, give street address)	d. STREET ADDRESS				10	RESIDENCE A FARM?
3. NAME OF DECEASED	Fir	sî	Middle	Lost	4. DATE P	Found Mont	h	Doy	Year
(Type or print)	MII	DRED	ANN	JACKSON	DEATH	Mar	ch	21	19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1Y		DER 24 HRS.
Female	White	WIDOWE	DIVORCED [10/12/31		28 27	Months Do	ays Hours	Min.
during most of working	ON (Give kind of working life, even if retired) LSEWITE	dane 10b. K	IND OF BUSINESS OR INDUS	JRY 11. BIRTHPLACE (SIGN		country)	USA	N OF WHAT	COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		- 4		
В	Lewis Hi	ill		Clar	a Mal	lorv			
15. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
Conditions, if a gave rise to imme (o), stating the cause last.	diote cause	Bl. En	ntusions of Fa unt Impacts to circlement of	the Head,			е		
ICATIO		IDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	PERF	AUTOPSY ORMED?
	NTRIBUTING []		saulted by ur						
20c. TIME OF INJU	1/11 19	Co While	NJURY OCCURRED 20e. PL/ foc rk ot work	ACE OF INJURY (Home, for tory, street, office bldg., el Unknown	rm. 20f. (Cit)	100000000000000000000000000000000000000	(Count	y)	(State)
			emains described aborates . Accident	_	Hamicide		, Inquiry ermined mo		nd in my
ACTUAL SIGNATURE	Eusself	8	Fisher	M.D. CHIEF MEDICAL	EXAMINER 3				SIGNED
EXAMINER'S NAME (Type)	Russell	S. Fi	sher, M.D.	ASSISTANT MEDI DEPUTY MEDICA	-		A BE	3/24	159
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Mar. 26		22c. NAME OF CEMETERY OF 59 Jackson ADDRESS	Family Ce	metery		leton,		ginia
23. FUNERAL DIRECTOR		uera	I Home Lac	240. REI	C'D BY REGIST		STRAR'S SIGN		

and the last was been been been the made that The transfer ton. the Come a bell tone of he will bed freezh Will Bridge I will be a factor of the control of th The second of the second secon 3

FOR STATE **HEALTH DEPT**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should "forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNER MRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Star and of Health, or its designated agent, prior to burial, cremation, or remaval, and in minimal proving offer death.

VS. A15ME 5M 2/57

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02633

Reg. Dist. No.

1	o. COUNTY	nne Arunde	1	MARYL	AND	2. USUAL RESID 0. STATE		here deceo	b. COUNT		dence be	fore odm	ission)
	b. CITY OR TOWN (If and give nearest town	autside corporate fimils, writ	• RURAL	c. LENGTH OF STAY IN	V 1b	c. CITY OR T		3	porote limits, write	RURAL O	nd give r	nearest to	wn) V
4	Gambril						Mine	eral		83×	(-3		
	d. NAME OF HOSPITA	AL OR INSTITUTION	If not in hos	spitot, give street address)		d. STREET AC	DORESS					ON	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Fid		Middle ANNE		JACKSO		4. DATE OF DEATH	Found	h Olo	Doy 27		959
-	. SEX				rale.)N	DEATH	9. AGE (In years	-			PER 24 HRS.
1	Female	White	WIDOWE	DIVORCED		2/1/5/1			fast birthday) F yrs.	Months	Days	Hours	Min.
1			1	KIND OF BUSINESS OR IN		Y 11. BIRTHPLA	CE (Stote o	or foreign c		12. CI	TIZEN O	F WHAT	COUNTRY
		g life, even if retired)					inia		~~//		US/		COOKINI
ī	3. FATHER'S NAME					14. MOTHER'S N	AAIDEN NA	AME	7.163				
	Carr	oll Verno	n Ja	ckson, Jr.			Mil	dred	l Ann Hi	11			
	5. WAS DECEASED EV	ER IN U. S. ARMED FC (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
	Conditions, if o gove rise to immed (a), stating the couse last. PART II. OTH	diote couse underlying (c	with Impa	t Subdural H h Aspiration acts to the	of Hea	Blood o	due to	o Mul	tiple Blu	int		9. WAS	AUTOPSY DRMED?
	PART II, OTH	JSE WAS 2		E HOW INJURY OCCURR								YES 📆	ио 🗌
				aulted by un			-						
21001	20c. TIME OF INJUI	1/11 19	59 Whill	Not while ork of work	factor	y, street, office b	oldg., etc.)	20t. (City	Unkı		ounty)		(State)
	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide X, Undetermined manner ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3/21/59												
	EXAMINER'S NAME (Type)	Russell	S. Fi	sher, M.D.				XAMINER [,,	
	20. BURIAL, CREMATIC REMOVAL (Specify) BUTIAL 3. FUNERAL DIRECTOR	Mar. 26		122c. NAME OF CEMETER 59 Jackson ADDRESS	-	mily C	emet		TION (City, town, Pendle RAR 1246, REGI	ton	Vi	rgi RE	
	Wooden	and Hu	nen	al Han	re			3 0 '59		huz g		_	

Lauisa ra -

HIAMETO BIADETTERS EVENIMENT LA (基) (10 mm) (20 mm) (and there I will be the way and I have been made THE SALE OF STREET AND A STREET A STATE OF THE PARTY OF THE PAR that trees both trees will be will be a line to Children Sant

deoth.

offer

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

				- •	
		HEATORO BY			
	THE RELIGIOUS ASSESSMENT	•	SHALL MAN THE		
					or and the
					DESCRIPTION OF THE PARTY.
4 4 4					
		1.70 L. L.			
-Aud		"conti av v ozoo	diagram formation		
			n Bullina . New Olive pade		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**				
Clare - 7 ac				ALP LACTOR AS	
Market		of the man	• • •		
			YEAREY		A KALLON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02635		13	2	6	3	5
-------	--	----	---	---	---	---

CERTIFICATE OF DEATH 2000

6003					Reg. Dist. N	10.
rundel	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary)	ere deceased (ived. If institution b. COUNTY	AA	fore admission)
	c. LENGTH OF STAY IN 16		-	te limits, write RL	JRAL and give r	nearest town)
AL (If not in hospitol, give streen Road, RFD	3, Box: 6	d. STREET ADDRESS Mountain R	oad, I	RFD 3,	Box 6	e. IS RESIDENCE ON A FARM? YES NO
First Ahrie	Middle G •	Jenkins	4. DATE OF DEATH			Day Yeor L3 1959
		B. DATE OF BIRTH Aug. 12,18		AGE (In years last birthday) 83 yrs.	Months Day	AR IF UNDER 24 HRS. Hours Min.
ing life, even if retired)	Own Home			ntry)		OF WHAT COUNTRY
al I dtama						
	IA SOCIAL SECURITY NO. 117		abeth	Adde	A11	
			h Hahi		The state of the sale	
the <u>under-</u> DUE TO (c)	IS <u>CO</u> NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE (CONDITION GIVI	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
☐ CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II	of item 18.)		
Wh	1 4-	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		r town)	(Count	y) (Stote)
at I attended the dece	or ased fram.	195/, to	M, fram	the causes a	,that I lost	saw the deceased late stated above DATE SIGNED
at I attended the dece	ased from June and that death	n occurred ot	M, fram ADDRESS (Sire AVE .	the causes a et, city or town, s	,that I lost nd an the d stote)	saw the deceased late stated above DATE SIGNED
THE TOTAL THE PARTY OF THE PART	AL (If not in hospitol, give street nown, and	Fourside corporote limits, write crest town (Rural) AL (If not in hospitol, give street oddress) AR Road, RFD 3, Box 6 First Middle Ahrie G. 6. COLOR OR RACE WIDOWED NEVER MARRIED DIVORCED DIVORCE	Fundel Maryland C. CITY OR TOWN (IF or PASS) AL (If not in hospitol, give street oddress) Road, RFD 3, Box 6 First Middle Ahrie G. Jenkins C. COLOR OR RACE Middle Ahrie Middle Aug. 12,18 Marylan Maylan Maylan Maylan Maylan La Mother's Maiden N Elizabet Arterio Mrs Elizabet Mrs Elizabet Mry Lan Mry Lan Mry Lan Land Mother's Maiden N Elizabet Mry Land Land Mother's Maiden N Elizabet Mry Land Mother's Maiden N Elizabet Middle Lost And Street Address Aug. 12,18 Divorced B. Date Of Birth Marylan Land Mother's Maiden Maylan Land Mother's Maiden May	rundel foutside corporate limits, write foutside corporate limits, write foutside corporate limits, write lost town (If outside corporate limits, write lost town (If outside corporate limits, write lost lost pasadena AL (If not in hospitol, give street oddress) AL (If not in hospitol give street oddress) AL (If not in hospitole continue of street oddress) AL (If not in hospitole continue of street oddress) AL (If not in hospitole continue of street oddress) AL (If not in hospitole continue oddress) AL (If not in hospi	rundel maryland o. STATE Maryland b. COUNTY foutside corporate limits, write foutside corporate limits, write lorest form Rural) Lost Pasadena AL (If not in hospitol, give street oddress) n Road, RFD 3, Box 6 Mountain Road, RFD 3, First Middle G. Jenkins of Death Maryland o. STREET ADDRESS Mountain Road, RFD 3, Mountain Road, RFD 3, First Mountain Road, RFD 3, First Mountain Road, RFD 3, Mountain Road, RFD 3, Mountain Road, RFD 3, Mountain Road, RFD 3, First Mountain Road, RFD 3, Mo	fourside corporote limits, write c. LENGTH OF STAY IN 16 15 yrs. C. CITY OR TOWN (If outside corporote limits, write RURAL and give reported for March 15 yrs.

the funeral director, hauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or ottending physicion.

TO FUNERA RECTOR: After this certificate has been signed by the ottending physicion and completely filled in the page 3 sh be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and the registral prior to buriol, cremation, ar removal, and in any event within 72 hours after deaph. VS A15 (4) 15M 9/55

itimute and i District the minoral setting. Las eman , once penastice en THE REPORT OF THE PROPERTY OF THE PARTY OF THE P AUGUSTAL HONORS IN THE THEORY OF A VICTOR

		4	8
char,	with		
dire	pa		
eral	be f	/	-
fon	polo		
the state	h	6	
in	On	4	
led	es 1	400	
ely fi	Pag		
ples	ers.		
Cam	dod	oth.	
and	pou	er de	
Cian	cor	s off	-
shysi	MOV	Pour	
ling physician and campletely filled in by the funeral directar,	se remove carbon papers. Pages I an shauld be filed with	ny hours after death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

n2636

	261	54	CERTIFIC	AIE	JF DEAT	H		Reg. D	ist. No.		(Con
1. PLACE OF DEATH o. COUNTY Anne	Arundel		MARYLAND	2. U\$U / o. ST	AL RESIDENCE (WATE Marylar		d lived. If instituti b. COUNTY	1	nce befo	re odmis	sion)
b. CITY OR TOWN (If of RURAL and give near	outside corporate lim est town) OVEI	its, write	c. LENGTH OF STAY IN 16	c. CI	TY OR TOWN (IF		prote limits, write R	URAL and	give nec	arest tow	n)
d. NAME OF HOSPITAL OR INSTITUTION	Ridge Ro		oddress)	/ d. 5	Ridge F	Road					SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fii An:	nie	Middle Frances		lost Johnson	4. DATE OF DEATH	Mon Mar c		Do	,	Yeor 19 59
5. SEX Female	S. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	8. DATE OF		3	9. AGE (In years lost birthday) 66 yrs.				ER 24 HRS, Min.
100. USUAL OCCUPATION during most of working mever w	(Give kind of work g life, even if retired or ked	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11.	BIRTHPLACE (Stone	e or foreign o	ountry)	12. CI		F WHAT	COUNTRY
13. FATHER'S NAME				14. MC	THER'S MAIDEN						
Willia	m George	John	ison		Annie	Maria	Johnson				
15. WAS DECEASED EVER I	N U. S. ARMED FOR	CES? 16.		INFORMA			Add	ress			
(res, no. or unanown) (IF	yes, give war or dates of s	ervice)	none Ed	ward	N. Jone	s. Ric	ige Road	. Hai	nove	r. 1	. br
PART I. DEATH	Enter only one co WAS CAUSED BY: WMEDIATE CAUSE (o		e for (o), (b), and (c).]	-/c-					INTI	ERVAL BE	
Conditions, if ony, gave rise to imm couse (a), storing the lying couse lost. Part II. OTHER	nediote DUE TO	6E	DIABET LE WERNLLZE CONTRIBUTING TO DEATH BU	T NOT RELA	ART	EB10.	SCLERO		27 1(0)	9 WAS	AUTOPSY
7	NYOCK	RD	1AL DI	SEI	85L					PERFC	NO.
OR CONTRIBUTING [CAUSE OF DEATH	20B. DESC	CRIBE HOW INJURY OCCURRI	ED. (Enter n	ature or injury in	FORT I OF FOR	r ii or item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN While of work	_ Not while _ fo		NJURY (Home, for et, office bldg., et		ar lown)	(County)		(Stole)
21. I certify that	I attended the	decease	ed fram opuil	, 1	956,103	men	ch, 195	That I	last so	w the	deceased
alive an 3 1	narch	., 19	, and that death								
ACTUAL SIGNATURE	lesige	E G	inleau	M.D. 5	608 m		treet, city or town,		4.2		G Marci
PHYSICIAN'S NAME (Type)											
220. BURIAL, CREMATION, BURIAL (Specify)	3-18-5		22c. NAME OF CEMETERY C Elkridge Me		-		ridge, M			(Stot	e)
23. FUNERAL DIRECTOR'S S	SIGNATURE		ADDRESS			D BY REGIST			GNATU	RE	
William Coo	k, Inc.,	1217	St. Paul Str	eet	DATE	MAR 1 8	59 a	Vilua .	8 46	ZAM.	

VS A15 (4) 1SM 9/SS

nuosa	NTARO RO STAL	CERTIFIC	
		server to be a server	
	ton gain		
		e annue	
	,	AND ALL THE SECOND CO.	
			All Million Co.
			100
			ned is
	official and process		
		Hard Comment of the C	

THE CHIEF ACTION OF TAXABLE PARKET OF A TAXABLE PARKET.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02637

	2665		CERTIF	FICATI	OF DEATH			Reg. Dist.		, 000
1. PLACE OF DEATH a. COUNTY Anne Arund	e1		MARYL	AND	USUAL RESIDENCE (Who state faryland	ere deceased live	d. If institution b. COUNTY BATTI	Residence	befare adr	mission)
b. CITY OR TOWN (f outside corporate lim	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (If or	utside corporate			negrest to	gwn)
RURAL and give no Crownsvill		Taril 1	6yr.10mo.4	1	deisterstown			g	03	V 2
d. NAME OF HOSPIT	AL (If not in haspital, s	ive street o			d. STREET ADDRESS				10.15	RESIDENCE
OR INSTITUTION	e State Hos			7					10	N A FARM?
3. NAME OF DECEASED (Type or print)		atie	Middle		Jordan	4. DATE OF DEATH	Month 3		Doy 23	Year 19 59
S. SEX		7. MARRI	ED NEVER MARRIEL	B. DA	TE OF BIRTH	9. A				NDER 24 HRS.
Female	Negro	WIDOWE	D DIVORCED	O Me	ay 10,1890) "	18 (Shday)	Manths Da	ys Hau	ors Min.
10a. USUAL OCCUPATION during most of work HOUSEWOY.	sing life, even it retired	dane 10b. 1	(IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State of Virginia)				N OF WH	AT COUNTRY
13. FATHER'S NAME	Robert Moor	re		14	MOTHER'S MAIDEN N					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INFOR	MANT		Address	3		
Unknown	jir yes, give wor or odies or s		Jnknown	Hos	spital Reco	rds				
Canditians, if a gave rise to it cause (a), stating lying cause lost.	the under-	AH	Uremia CVD					•	ONSET AI	BETWEEN ND DEATH
CATI		DITIONS C	ONTRIBUTING TO DEAT	TH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIVEN	I IN PART 16	a) 19. WA PER YES	REDRMEDS
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (En	ter nature of injury in P	ort I ar Part II a	item 18.)			
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	JURY OCCURRED 2 Nat while of wark	PLACE C factory,	OF INJURY (Hame, form, street, affice bldg., etc.)	20f. (City or to	awn)	(Cour	nty)	(State)
actual Co	ot I oftended the 3/23 Lyww H <u>ea</u> ildegard H	1959	•	death occ	Crownsvill	e State	Hospita	d an the		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			22c. NAME OF CEMET St. Luke		MATORY	22d. LOCATION Reist	(City, town, ar o		(5	Md.
23. FUNERAL DIRECTOR		ns- F	ADDRESS Reistersto	own,	Md • 240. REC'D	BY REGISTRAR AR 2 6 '59	24b. REGISTR	AR'S SIGNA		

DATE

TO HOSPITAL OR TO FUNERAL page 3 shau the registrar p VS A1S (4) 1SM 10/57

	of Showing		CANADA DE DESALUE	BKAJECKER .	
	Here I was a second				man to the
				** TEST 1 2 5 1	
		A Desire			
		Visit Park		20	
* * *			•		THEOREGIST ?
		englika Fayya	Total Control of the		THE RESERVE OF THE RE
	To the same				
			and the same	Sec. Ok.	
				والله المجتمارية	
. 111, 11		a 72 chapters of "			
0.00					
			Marco Sunta		

VS A15 (4)

15M 9/58

MEDICAL

		261	7 CERTIFIC	ATE OF DEAT			Reg. Dist. No	02638
M)	1. PLACE OF DEATH o. COUNTY	Anne Arund	el MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryl		b. COUNTY		ore admission)
	b. CITY OR TOWN (RURAL and give n Annay		write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		rote limits, write R	URAL and give ne	arest tawn)
63	OR INSTITUTION	TAL (If not in hospital, giv		/d. STREET ADDRESS 20 Jeffer	son Pla	ace		e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED (Type or print)	First Irene	Middle Lorraine	Katris	4. DATE OF DEATH	March	27	19 59
	5. SEX Female		MARRIED NEVER MARRIED X	8. DATE OF BIRTH March 27	, 1959	9. AGE (In years lost birthday) yrs.	Months Doys	Hours Min.
1	10a. USUAL OCCUPATION during mast af wor	ON (Give kind of wark da rking life, even if retired)	ne 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Sta Annapol			12. CITIZEN O	F WHAT COUNTRY?
	13. FATHER'S NAME Willia	am John Katr	is	14. Mother's Maiden Margaret		nison		
		ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	S? 16. SOCIAL SECURITY NO.	Mother	20 Jef	ferson P.		napolis, l
		ATH {Enter anly one cous ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)_ DUE TO	e per line far (a), (b), ond (c).] approxy pia					ERVAL BETWEEN SET AND DEATH
	Conditions, if a gave rise to i couse (a), stoting lying cause last.	the under DUE TO	pailure to un	Frate re	(ung	trong autal)	7	
0	PART II. OT	HER SIGNIFICANT CONDI					/EN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO N

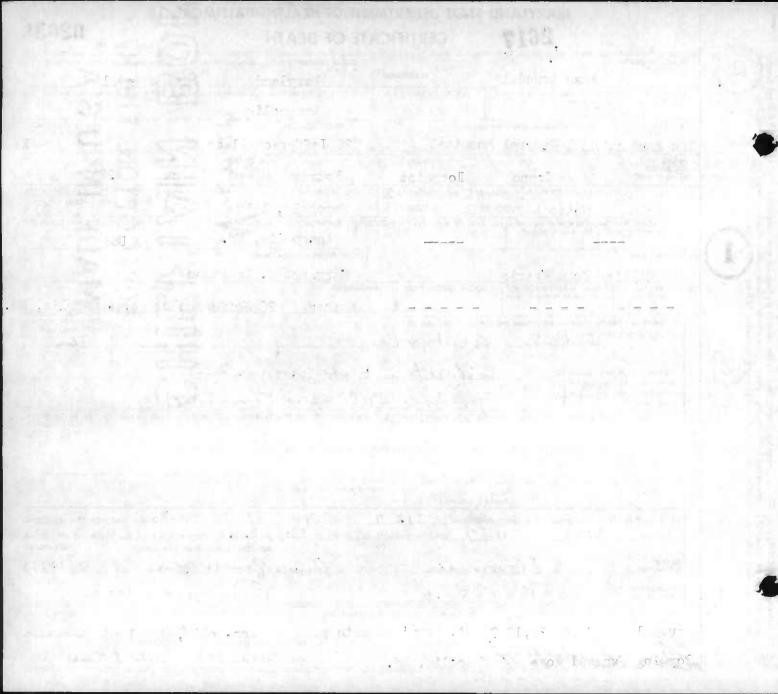
PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of wark 1945, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 12:2 5M Present the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S BORSSUUK NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St. Mary's Cemetery March Annanolis 15 Mary Land 23. FONERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR

MAR 3 1 '59

arthur S. Krous

Annapolis, Md.





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO DE Year 19 2 IF UNDER 24 HRS Hours Min. 12. CITIZEN OF WHAT COUNTRY?

Day

Days

INTERVAL BETWEEN

YES |

(County)

Inquiry

uller

PERFORMED?

(Stote)

ond find that

DATE SIGNED

5M 9/55

MEAST OF STR			- A			
THE REPORT OF DEATH						
	1	A STANDER AND				
			orlin			
2						
	77.7					

CERTIFICATE OF DEATH

2012

02640

M he funeral directary RECTOR: After this certificate has been signed by the attending physician and campletely filled in be detached far use as the burial-transit permit. Then please repower carban papers. Pages 1 and permit to burial, crematian, ar remayal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par TO FUNERA
page 3 sho

VS A15 (4) 1SM 9/5B

		2013	CERT	II I GA	E OI DEAT			Reg. Dist. No.		
1. [PLACE OF DEATH	nne Arundel	MAR	RYLAND	USUAL RESIDENCE (Vo. STATE	- 10	ived. If institution	n: Residence before Arune	re odmiss	ion)
-		outside corporate limits, v grest town)	write c. LENGTH OF STA	IV.	c. CITY OR TOWN (II	f outside corporo)
	OR INSTITUTION	AL (If not in hospitol, give	Mark Const.		d. STREET ADDRESS					IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	First Frank	A Midd		Lost ENNEDY	4. DATE OF DEATH	March	Do 2	-	Year 19 59
5. 5	Male	7 75	MARRIED NEVER MARI		10/14/94	9	. AGE (In years lost birthdoy)	Months Doys	Hours	R 24 HRS. Min.
/	during most of work	N (Give kind of work doning life, even if retired) TespondeNI	News Pape	~	Pennsyl 14. MOTHER'S MAIDEN	vania	ntry)	12. CITIZEN OF	.S.	OUNTRY?
Y	MAS, JA.	mes Stewar	st Kenned	14	CorA Bel	1/e HI	teshe			
		IN U. S. ARMED FORCES If yes, give war or dates of service		92 W	lary anne	Keaned	- Edge	water.M	ARYL	and
Z	Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	he under-	Melas Carer	tase	gelen of /	new	Te	2	1/2	yes
CERTIFICATION			D. DESCRIBE HOW INJURY		OT REVATED TO THE TER		CONDITION GIVE	N IN PART I(0)	PERFO YES	RMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	20d. INJURY OCCURRED While Not while of work 1		E OF INJURY (Home, fa y, street, office bldg., e		or town)	(County)	35	(Stote)
220	actual SIGNATURE	edwin Davis	19.59, and the	M.	1956, to coursed at 3:10	ADDRESS (Street				
23.	FUNERAL DIRECTOR	131383	19 Jell	100	1. LMOSS	C'D BY REGISTR.	AR 24b. REGIS	TRAR'S SIGNATU		
1	/	2000000	0000	- (DATE		arthu	1 S. Thrank		

* 2 days _____ recell _ identifier 817.0 Taylord Campage Labours and The standard of the standard o wariant of state each the last a second and No. of the second secon

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2000

02641

1. PLACE OF DEATH O. COUNTY AND AVOIDED	II a STATE	here deceased lived. If institution	: Residence before admission)
7/1/	MARYLAND ///a/	ylaud b. COUNTY	aune avoudel
b. CITY OR TOWN (If outside corporate limits, write c. LENG RURAL and give gearest/town)	Moultis X a Buc	outside corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Same Alvesia	Home Id. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First P.P.P.P.	Middle King	4. DATE Month OF DEATH	Doy Year — 1959
H, WIDOWED	DIVORCED 8. DATE OF BIRTH	-1900 lost biethday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	- +6	4 MD.	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME IZOhert WRigh.	+ 14. MOTHER'S MAIDEN I	Willhide	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no. or unknown) (It yes, give wor or dates of service)	SECURITY NO. 17. INFORMANT, Walter S,	King av	nold. Marglan
18. CAUSE OF DEATH [Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		vuonia	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate DUE TO	Prov monitie	5	
lying couse lost. (c) /Y/U/	171918 GOLPROS		1946
CATI			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DW INJURY OCCURRED. (Enter nature of injury in	Port I or Part II of item 18.)	
	CCURRED 20e. PLACE OF INJURY Home, form factory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from alive on	n. $3 = 6$, 19.5% , to and that death occurred at 8.36	NUL	that I last sow the deceased on the date stated above
ACTUAL FELLES TELL	relea-Smo. P.O.	ADDRESS (Street, city or town, str	eutoh -
PHYSICIAN'S FEHUS GUUS	uberd		3-19-59
220. BURIAL, CREMATION, 226. DATE THEREOF 220N. PEMOVAL (Specify) 3-2/-39	AME OF CEMETERY OR CREMATORY EN Haven Memorial	22d OCATION (City, 1991. or	county) me me

VS A15 (4) 15M 9/55

OF DEATH	
meaning the term of the second	
CO Sports also have been a seem of and control of the control of t	
	HIS SENSEMBLY CONTROL TO THE PLANT OF THE PARTY OF THE PA
period 1 COLY 1977 Control of the co	The second secon

VS A1S (4)

death.

hours

		CERTIFICA	r.	
	THE PERSON NAMED IN	Sicher.		
	OUE (CERTIFICATION			
51	Harry any a			
ML I		· ·	tro Asset	
	3 1/11/2			
	W - 10 E - 10 F A			
Les de la company de la compan				
				egy aut de l
				1907 - All Bassillo 2
	CT OF THESE			
		none de		
		ting the bod	(31)	to the Light of th
THE THE THE				

METERNI DO TERMEDADOS DEATS PLEATIVO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02643 CERTIFICATE OF DEATH 2668 Rea. Dist. No. I director, filed with deoth. Poge 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY A. A. Co. Md. b. COUNTY MARYLAND A.A. 40. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe Orchard Beach Orchard Beach VIS. plo haurs after d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 208 Beach Promanade ON A FARM 1208 Beach Promanade YES NO 3. NAME OF Mamie E. Kritwise Middle 4. DATE March 31/59° Year filled a DECEASED (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Female Months Days Hours Nov. 7.1890 WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) USA Balto. Md. Own Home ond 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth-------Schrader 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Geo. F. Kritwise, Orchard Beach, A.A. Co.Md 1B. CAUSE OF DEATH [Enter anly ane cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) that þ Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying cause last. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 14 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) (Stote) (County) factory, street, office bldg., etc.) Haur a.m. Nat while at work of wark ., 1955, to March 31, 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 145 A.M. from the causes and an the date stated above. ed by the ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE OR PHYSICIAN'S NAME (Type) may be r 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 23. LOCATION (City, town or county)
Baltimore 29, M 22c. NAME OF CEMETERY OR CREMATORY (State) BUT REMOVAL (Specify) April 3/59 Loudon Park 10 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE irectors Edmondson arthur S. Houses DAMPR 1

AVARYLAND STATE DEPARTMENT OF HEALTHPRAST TATE CHAINFAIN .00 .1 .1 done bearing Tone Pranter . 330 0 1 108 Desch Promanus a asimulal . I stemil Jenselve Menne Der 1991 elices Hov. T. 1890 E . bl. . c # fan 45 ---- ntadapin The second of the second on the Dan. P. arl twise, coners Fonch, C.A. vo. M. Time of the Bills first forms THE REPORT OF THE PARTY OF THE

15M 9/58

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
0000	CERTIFICATE	OF	DEATH	

Orthun & House

CERTIFICATE OF DEATH 20211 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Beach WOODL AND NNAPOLIS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION NNex EUNOEl GENPRA :-YES NO NAME OF Middle 4. DATE Year Last Month DECEASED (Type or print) DEATH IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE IF LINDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Haurs Days DIVORCED [WIDOWED -10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 1th Inspector 13. FATHER'S NAME Unknowy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while ot wark ot work 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death occurred at 1245PM, from the causes and on the date stated obove. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NNAPOLIS, lup ELER NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) BURIAL INCOLN 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 2 3 '59

2650 PERSON OF SERVICE STATES STATE OF THE PARTY The state of the same of

FOR STATE HEALTH DEPT.

al director. Page M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be proveded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERA (IRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hardsafter death.

0

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 26 MS DICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

02645

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Reside	nce before admission)
O. COUNTY A PUNIA MARYLAND	O. STATE NO. COUNTY AND	Arundal
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
and give nedrest town)	x Millersville.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
SANN'S NUMBING HOME	REA	YES NO
3. NAME OF DECEASED (Type or print) A A A A	Lost 4. DATE Month OF DEATH Max	Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	1 010	/ 6, 19 5 /
Female White WIDOWED DIVORCED	lost highland	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITE	ZEN OF WHAT COUNTRY?
It-Wite AT HOME	Miss.	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hamilton Bilbo	Frances Hines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (If yes, no. ex Antinovn) (If yes, give man or dates of service)	FORMANT Address 13 N	Wash. Blid
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	15 Dillo addis AP	13-13-
PART I. DEATH WAS CAUSED BY:	P	INTERVAL BETWEEN ONSE AND DEATH
IMMEDIATE CAUSE (0) Clerefruit Clere	see have	Justen
J3/A DUE TO	0	
Conditions, if any, which gove rise to immediate couse		
(o), stating the underlying DUE TO		
couse tost. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Froctive App	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
		YES NO
200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 12 20b. DESCRIBE HOW INJURY OCCURRED. (E. CAUSE OF DEATH.)	nter noture of injury in Port I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form, i 20f. (City or town) (Cou	nty) (Slote)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC focto focto of work of work of work of work of work	ry, street, office bldg., etc.)	a rest
21. I certify that I took charge of the remoins described above		
	- Company	hamid' /
opinion death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined n	nanner
ACTUAL COM LAUIL	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE () Franchisco	ASSISTANT MEDICAL EXAMINER	- / /
EXAMINER'S E. L. DROW	DEPUTY MEDICAL EXAMINER	3/16/5.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stote)
PREMOVAL (Specify) Maria 1959 Ruck Ch	eet Washington	A C
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
WW. Chambers Colo 1400 Cha	MIN A.	
ST.1V. W	MASH ALDATEMAR 2 0 '59 Cally &	House .

HTAIG TO HEAD RESIDENCE FOR JADION STATE BUT

VS A1S (4) 1SM 9/S5

	1
11111	D
0	1 cm

2670 **CERTIFICATE OF DEATH**

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02646

Reg. Dist. No.

	DEL MARYLAND ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ALALE ADJULTED
1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	PASADENA	VASADENA
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	RTE. 1, BOX 305, FOREST GLEN	RTE, 1, BOX 365, FOREST GLEN YES NO
	NAME OF DECEASED (Type or print) RUDOLPH E,	MACK OF DEATH MAR, 26 1959
1		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WHITE WIDOWED DIVORCED	Nov. 21, 1893 (ast birthdoy) Manths Days Haurs Min.
	0a. USUAL OCCUPATION (Give kind of wark dane) during most of working life, even if retired) CLERK DAVISOCHEM:	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	GEORGE H. MACK	AUGUSTA WITTE
Н	(Yes, no or unknown) (If yes, give war or dates of service)	NFORMANT Address
1		LLIAN K. MACK PASADENA, MP.
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	refores 5 months
1	DUE TO	
	Canditions, if any, which) (b) Carlingonic	of the leuren 5 months
	gave rise to immediate DUE TO	- The strainty -
1	couse (o), stating the under- lying cause last. (c)	
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	nene	PERFORMED? YES NO R
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 100. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED 101. OR CONTRIBUTING 1 CAUSE OF DEATH SITE OF DEATH S	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)
	20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 of work of wark	tory, street, affice bldg., etc.)
1	21. I certify that I attended the deceased from October	23. 1958, to Masch, 261959, that I last saw the deceased
		accurred at 4105 PM, from the causes and on the date stated above.
1	n. , e 11.	ADDRESS (Street, city or town, stole) DATE SIGNED
1	SIGNATURE G. M. Me Laughlun	NO SEDS BIN 442 Paladena, Ud. March 26 195
	PHYSICIAN'S R.M. McLadghlin	
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	22d. LOCATION (City, town, ar caunty) (State)
	BURIAL 3-30-59 OAK LAWI	V BHLTO. CO. MD.
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
k	C.F. Hoffmann 3218 HUDSON.	57. DATEMAR 3 0 '59 0-11 - 0 4
E		31. DATEMAR 30 59 Outling & Koma

	HEREATE OF DEATH				
		The second second			
			457		1
to one		Part of			
			person metally and	Bear Smile	
			CHIEF PRINTS		
			the little of		
The Late of the la	Section of the sectio				

that

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	-HTARG ROSTH	CERTIFICA	2282	
The Control of the Co				
				(3)
			- AT	
				HIS THAT WE
				Krydh - Pris Marsa
				and the same of
	23	trans		
		element res	No. of Contract of	502000

VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

02	64	1

	26'	72	CERT	IFICA	AIE O	T DEAT	1		Reg. Di	ist. No.		
1. PLACE OF DEATH o. COUNTY	A		MAR	YLAND	2. USUAI o. STA		ylanc	d lived. If instituti b. COUNTY		AA	re admiss	ion)
b. CITY OR TOWN (I RURAL and give n	outside corporate lime Brooklyn	its, write	c. LENGTH OF STAY	/ IN 16		oklyn	outside corp	orote limits, write R	URAL ond	give nea	irest town	1)
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospital, of 106 Chur					06 Chur	ch St.					FARM NO
3. NAME OF DECEASED (Type or print)		orge	(Gaetano I	Barbo	mi)	Nartin	4. DATE OF DEATH	Mon 3		1	. /	Yeor 19 59
5. SEX M	6. COLOR OR RACE	7. MARR		_	B. DATE OF	1-1890	0	9. AGE (In years last birthday) yrs.	Months	Doys Doys	Hours Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	Hotel Bus			Switzer		country)		USA	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOT	HER'S MAIDEN N	NAME					
Unkr	nown					Unknow	m					
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FOR	ervice)	78 09 285		Fam	ily		Add	ress			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), and (c)		arang	matosii	5 1	netaslassi		INTE	RVAL BE	TWEEN DEATH
163X	DUE TO			0						N	n - 5	8
gove rise to i cause (o), stating lying cause last.	mmediate (
PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PAR	RT 1(o) 1	PERFO	AUTOPSY PRMED? NO 🔯
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY (OCCURRE	D. (Enter no	ture of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. IN While of work	Not while of work			URY (Home, farm office bldg., etc		y or tawn)	(County)		(Stole)
alive an	at lattended the		ed from \triangle			d at 2:30	AM, fra		nd an t		te state	
ACTUAL SIGNATURE PHYSICIAN'S	Ancher his	C	nl'	B	M.D	4016 F			}		/	4 Mond
NAME (Type) /	Indrew R.					Baltu-	25-	rd.				
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	3/19/5	9	Cedar			DRY		TION (City, lown, cooklyn, M			(Stote	b)
23. FUNERAL DIRECTOR		130	E. Fort A	ve.		24o. REC'	D BY REGIS	TRAR 24b. REGIS				

		eend T	
Windows I		Levely L	
namical advertisation			
			1-4
destruction or control or or			
AR UNIVERSALATED AND THE STATE	1100A		

02650 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Year 19 March 5th IF UNDER TYEAR IF UNDER 24 HES. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? St. Agnes Hosp. Baltimore. Md. USA Mr and Mrs. Robert McAvoy (parents) INTERVAL SETWEEN Sudden Since birth. PERFORMED? YES T NO I (County) (Slote) and in my DATE SIGNED 22d. LOCATION (City, town, or county) (State) Baltimore 25 246. REGISTRAR'S SIGNATURE arthur S. Krays and Kirkley, Glen Burnie/ DAMAR 9

VS. A15ME 5M 2/57

			SAMPANAD STATE			
10000	HITASO TO ST			ATION		
				Indexes		
			Sept 12		Landbean L	
				tug atomis.	desert a stood	B
	SE AND PARTY OF		7 1	Ar Sparition	MO TO	
		100/12/05	To the P			
	. St. ree Kalad, quot	CONT. 13				
	Accordate				ol Italoh Torra samerar	
	semply govern free					
		. milesto	in expositive at			
901 600			ontermina.			
	型 months I s					
	(Diversion of the control of the con					
			e . 6	Men't II erad		
	Bell more 25					
				, == -	M BALL BUILDING	

Δ.	b. CITY OR TOWN (It outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest lown)				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Virginia b. COUNTY					ssion)	
9					c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
-		oolis Juncti		al aive street address	d. STREET ADD	Richmo	ond		8	3 X-	SIDENCE
v .	Middle Pat	tuxent River	nr. B	&O RR Brid	ge		ight Stre	eet		ON.	A FARM?
3.	NAME OF DECEASED	Fir		Middle	Lost	4. DAT	E M	onth	Day	Ye	Bar
-	(Type or print) SEX		LANIEL		McCOY	DEA	IVI	rch	15		59
	Male	Colored	WIDOWED [DIVORCED		Approx		Months	Days	Hours	R 24 HRS Min.
10	a. USUAL OCCUPAT during most of work	ION (Give kind of work ing life, even if retired)	dane 10b. KIN	ID OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACI	E (State or foreig	gn cauntry)	12. C	ITIZEN O	F WHAT	COUNTRY
1:	3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME					
15	S. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INFORMANT		Addr	eis			
1,	es, no, or onknown	(If yes, give war or dates of	service)								
		ATH [Enter only one cau ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		(o), (b), and (c). } rebral cont	usions				INTE	RVAL BETWE	IN IH
	PART I. DE/ 902.8 Canditions, if gave rise to imm (a), stoting the cause last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RUHYZZ any, which dediate couse underlying DUE TO (c)	Frac	rebral cont	1						
CATION	PART I. DE/ 902.8 Canditions, if gave rise to imm. (a), stoting the cause lost. PART II. 01	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL (b) ediale cause underlying THER SIGNIFICANT CON	Frac	rebral cont		E TERMINAL DISI	EASE CONDITION (GIVEN IN PA	ART 1(o) 1	9. WAS A	UTOPSY
	PART I. DE/ 902.8 Canditions, if gave rise to imm. (a), stoting the cause lost. PART II. 01	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL (b) ediale cause underlying THER SIGNIFICANT CON	Frac	rebral cont	BUT NOT RELATED TO TH			GIVEN IN PA	ART 1(o) 1	9. WAS A	UTOPSY RMED?
CERTIFI	PART I. DE/ PART II. DE/ PART II. OI PART II. OI PART II. OI PART II. OI COURSE OF DEATH	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINIMARY ONLY MINIMARY (b) OUE TO (c) IHER SIGNIFICANT CON AUSE WAS ONTRIBUTING JRY Month, Doy, Year	Frac	tured skul TRIBUTING TO DEATH HOW INJURY OCCURR Fall from HURY OCCURRED 20e Not while	BUT NOT RELATED TO TH ED. (Enter nature of injury) bridge Place of INJURY (Hom- loctory, street, office blo	r in Port I or Par ne, farm, 20f. (g., etc.)	ct II of Item 18.) City or town)	(0	Ounty)	9. WAS A PERFOI	UTOPSY RMED?
	PART I. DE/ PART II. DE/ PART II. OI 200. EXTERNAL CA PRIMARY INFO COUSE OF DEATH 20c. TIME OF INJU- Hour UNKNO	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL CAUSED BY: IMPEDIATE CAUSE (o) MINIMAL CAUSED BY: IMPEDIATE BY: IMPEDIATE CAUSED BY: IMPEDIATE BY: IMPEDIATE	Frac	TRIBUTING TO DEATH OW INJURY OCCURR Fall from JURY OCCURRED Not while of work	BUT NOT RELATED TO THE ED. (Enter nature of injury) bridge Place of INJURY (Hom	r in Port L or Par ne, farm, 20f. (lg., etc.)	City or town)	Junet	Ounty)	9. WAS A PERFOI YES X	UTOPSY RMED? NO []
CERTIFI	Canditions, if gave rise to immediate the cause lost. PART II. On PART III. ON PAR	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL CAUSED BY: IMMEDIATE CAUSE (o) MINIMAL CAUSED BY: IMPEDIATE CAUSE (o) MINIMAL CAUSED BY: IMPEDIATE BY: IMPEDIATE CAUSED BY: IMPEDIATE BY: IMPEDIATE	Frace Frace Frace Diffions con: b. Describe H White of work of the rer	TRIBUTING TO DEATH SOW INJURY OCCURR Fall from JURY OCCURRED Of work mains described	BUT NOT RELATED TO TH ED. (Enter nature of injury bridge PLACE OF INJURY (Horn loctory, street, office ble Bridge abave, held an A	r in Port I or Per ne, farm, 20f. (lg., etc.)	City or town)	Junet], Inqu	ounty)	9. WAS A PERFOI	UTOPSY MED? NO [] (Stole)
CERTIFI	Canditions, if gave rise to immediate the cause lost. PART II. Of PART III. Of PRIMARY PROCESS OF DEATH 20c. TIME OF INJUNE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ATH WAS IMMEDIATE CAUSE (o) ATH WAS ONLY	Fractions CONTINUE CO	TRIBUTING TO DEATH SOW INJURY OCCURR Fall from JURY OCCURRED JOHN WORK Mains described	BUT NOT RELATED TO TH ED. (Enter noture of injury) Dridge PLACE OF INJURY (Horn loctory, street, office ble abave, held an A suicide "M.D. CHIEF MED ASSISTANT	r in Port I or Per ne, farm, 20f. (lg., etc.)	City or town) Annapolis Inspection [ide], Unde	Junet], Inqu	ounty)	9. WAS A PERFOI	UTOPSY MED? NO [] (Stole)

VS A15 (4) 15M 9/55

CERVIEICATE OF DEATH	2000
A STATE OF THE PARTY OF THE PAR	
	e er jethioset z v konskonoza z
wantelli tamus antysanom.	The state of the s
distance of the syrings recome	
Lathing Control	
to the filling of the garden	
Later Tropic Conferences	

1	180.	T+	em 20 Film 240 2-20-20 AME DEPARTMENT OF HEALTH—BALTIMORE, 18	00050
8 6	N. Y.	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02652
old k			Reg, Dist.	
shou	V	1.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY b. COUNTY b. COUNTY	before admission)
, e lo		b	D. CITY OR TOWN (It outside exporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside exporate limits, write RURAL and ai	ve negrest tawn)
Page			BAY RIDGE X BAY RIDGE	7.51
director les.	00	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 52 RIVER DRIVE 52 RIVER DRIVE	e. IS RESIDENCE ON A FARM? YES NO
neral yaur fi		-1	NAME OF First Middle Last 4. DATE Month OF DEATH 3	Day Year 4/ 19.55
2 2 2		5. S	SEX . 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE III YEOR I I FUNDER TY	EAR IF UNDER 24 HRS.
404			MIDOWED DIVORCED 10-11-1879 lost birthdoy) yrs. Mpnths Do	ys Hours Min.
10 to 1		10a	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZET	N OF WHAT COUNTRY
0 0		6	CONTRACTOR KET. PLASTER LRELAND (1.04
5 may		13.	FATHER'S NAME	
Pag age			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	40
			- VICTORIA 1- ELLIN "	
P.W.			ALONE A PERTURNIC CHIEFE AV	INTERVAL BETWEEN ONSET AND DEATH
arm lar			IMMEDIATE CAUSE (a) WITHING THE COLLETTE	6 hus
ith It	V		Canditions, if any, which) Due TO (furnace co)	
iol-tial-t			gave rise to immediate cause	
alar			(a), stating the underlying DUETO	
fice os o	0	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
s O in		CAT		PERFORMED?
per		CERTIF	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell asleep in room - defective furnace caused co	oal gas
Exan		AL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County	rumes.
the w dical	02	MEDIC	Hauf a m 16 1. — While Not while of factory, street, affice bldg., etc.)	rundel Md.
Me Me	3		21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry	, and find that
Chie			deoth resulted from: Natural couses [], Accident [7], Suicide [], Hamicide [], Undetermined couse [].	
incat the			SIGNATURE D. Brysych M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
A So o	2		ASSISTANT MEDICAL EXAMINER	2/5759
the vard	еша		EXAMINER'S NAME (Type) STORSSILL (DEPUTY MEDICAL EXAMINER D	/
fary O FU	ס	-	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
		-	FUNERAL DIRECTOR'S SIGNATURE ABORESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	ATURE .
S. A15ME(5M 9/55		X	An M. Tostar + Sons (Imapoli, Md. DATE MAR 9 '59 arthur S. 9	
		ラ		

		110	
	San money		
Section 1			

-

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. A certificate has been executed by the attending physician and completely filled in by the funeral director, the third coay death certificate assembly should be detached for use as a burial transit permit.

by may be retained by the hospital or attending physician.

The bottom

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2678 CERTIFICATE OF DEATH

02653

L 610g	tem 1 FilmG241	4-6-59 et	Reg. Dis	st. No
1. PLACE OF DEATH	0	2. USUAL RESIDENCE	E (HOME) OF DECEASE	ED (a
COUNTY 4 4 CO MO	MARYLAND	STATEL CO	COUNTY (JU	CO .
CITY (If outside corporete limits, wrife RURAL OR end give neerest town) TOWN Arnold	LENGTH OF STAY	CITY (II outside to poore OR TOWN	te limits, write RURAL end give no	Comost town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home	T	STREET ADDRESS BALL	498 KX 2	
3. NAME OF DECEASED (First) (First)	T (Middle)	Laughlin	4. DATE (Month) OF DEATH 3	(Day) (Year) 7 19 5 9
5. SEX 6. COLOR OR 7. SINGLE, WIDOW (Specify)	ED, DIVORCED,	pt. 5-18869.	72 yrs. Months	ER 1 YEAR IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working kine, even it retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or foreign	i country)	12. CITIZEN OF WHAT
13. FATHER'S NAME Tany	litin	14. MOTHER'S MAIDEN NA	I olmide	th
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no, or unk.] (II Yes, give wer or detes of service)	16. SOCIAL SECURITY NO. 2/6-10-2	654 Viola	in ye for	egleli-
I DISEASES OR CONDITIONS DIRECTLY LEADING TO E	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
527. / IMMEDIATE CAUSE (A)	1	UMONIA	0	24 HRS.
DUE TO	n			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	PULMONARY E	MPH4SEMA		12 4RS
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19e. DATE OF OPERATION 19b. MAJOR FINI	DINGS OF OPERATION			20. AUTOPSY?
				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY	E (Home, larm, fectory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?		unty) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the	deceased from 3-7	1959 to 3-	27 19 57 that	Llast saw the deceased
alive on 3. 2.7, 19.5.7				
SIGNATURE	, and mar deam occurred		ESS (Street, city, town, stete)	DATE SIGNED
Les C. Kern	J MD	2018+ABLUS. GC	EN RUPUIC, MA	3-78-57
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY		LOCATION (City, toyp, or coun	ity) (State)
23. BURIAL, CREMATION, REMOVAL (SPECIFY) MARCH 3	1-59 Den H.	10	Sou Burn	ne Gace My
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	IATURE	25. FUNERAL DIRECTOR'S	GNATORE SOL	Borne kind
DATE MAR 31 '59 arthur S. A.	Frank	1 serious o	1 0 11 0 - 11	

STAGE STATE OF DEATH SAMPLE NO SERVED ENVESTIGES LANCED TO

(5) L. 1439

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL CRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of the Health, are its designated agent, priar to burial, cremation, or removal, and in any server within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02654

Reg. Dist. No.

1. PLACE OF	· ·			2. USUAL RESIDE	NCE (Where decease	ed lived. If institu	ution: Residence	before admission)
8. COUNT	n.n.do.		MARYLAND	o. STATE	MO	b. COUNT	YAA	(0
	R TOWN (If outside corporate limits, wr.	ile RURAL C. LEI	NGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corp	orote limits, write	RURAL and giv	re nearest town)
	RuicALI			X P	gseden	0		
d. NAME	OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street address)	d. STREET ADD	RESS			e. IS RESIDENCE
	ANNIE ARUI	udel. ge	eneredL.	1 2000	bsmile	md	-	YES NO
3. NAME OF	Fi	irst	Middle	// Lost	4. DATE	Mont	h D	Poy Year
(Type or p	1-111-	- A	MCWI.		DEATH	-3	4	1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED B	DATE OF BIRTH	00	9. AGE (In years last birthday)	IF UNDER TYE	
1	- (WIDOWED [DIVORCED [may 14	1881	74 yrs.	Months Doys	Hours Min.
100. USUAL	OCCUPATION (Give kind of work it of working life, even if retired)	done 10b. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(State or foreign co	untry)	12. CITIZEN	OF WHAT COUNTRY
00111191110	A S			1 m	d		U	.3.A.
13. FATHER'S				14. MOTHER'S MA	IDEN NAME			
M. L.	iae Cantre	-Mar		-				
	CEASED EVER IN U. S. ARMED FO	DRCES? IS. SOCIAL	SECURITY NO. 17. W	NFORMANT		Address		
}Yes, no, er unk	(lf yes, give war or dates o	f service	20	emisme!	Villiams	Jacol	melle	form &
18. CAU	SE OF DEATH [Enter only one co	use per line for (a)	(b), ond (c).]				118	NTERVAL BETWEEN
P.	ART I. DEATH WAS CAUSED BY:	. (%	ediss				0	ONST AND DEATH
115	IMMEDIATE CAUSE (c					-		water
1	ons, if ony, which)							
gove ris	e to immediate couse							
(o), sto	ing the underlying DUE TO							
_	ART II. OTHER SIGNIFICANT CON		JTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	/ENI INI PART 1/a	IN WAS AUTORSY
E				TO THE TO THE	TENNITY AC DISEASE	CONDINOIS	ELA HA LWEL 160	PERFORMED?
20g. EXT	FRNAL CAUSE WAS	OL DESCRIBE HOW	INJURY OCCURRED. (E	ater peture of injury	In Mark I as Mark 12			YES NO.
200. EXT PRIMARY CAUSE O	ERNAL CAUSE WAS OF CONTRIBUTING DF DEATH.	VII. DEGENINE TIOTT	NOOKI OCCOKED. (E	na notore or inqury	th rost s of rost if (r nem ro.)		
3 20c. TIM	E OF INJURY Month, Doy, Ye	eor 20d. INJURY		CE OF INJURY (Hom	e, form, 120f. (City	or fown)	(County)	(Stole)
20c. TIM	o. m. p. m. 19	While of work		ory, street, office bld	g., etc.)			
	ertify that I took charge			ve held an Au	toney 🗆 Ja		1	7
			<u> </u>	_		spection [],	, h	, and in my
Opinio	n deoth resulted from:	Natural causes	Accident [, Suicide [J, Hamicide	, Undete	rmined man	iner 🔛
ACTUAL	CYV	. 1		CINET MEN				DATE SIGNED
SIGNAT	URE Co Burlin	eat.		_ M.D.	CAL EXAMINER			
EXAMIN NAME (Type) E. Line	hARdi	<i>t</i> .		MEDICAL EXAMINER DICAL EXAMINER 🛱	43	3	7-4-59.
	CREMATION. 226. DATE THERE	of 225. N	AME OF CEMETERY OR	CREMATORY	22d. LOCAT	ON (City, town,	or county)	(Slate)
	DIRECTOR'S SIGNATURE	18 DA	DORESS	240	REC'D BY REGISTR		STRAR'S SIGNAT	
Teo -	0.146son 13°	18 n. Ca	Moun 2	DA	TE MAR 6 '5	9 a	thun S. Kr	aus
				07				

	* * * * * * * * * * * * * * * * * * *	
	277 82/2	
		Part order in
	100	
		7 11 122

	SCRO CERTIFICA
	Date of Description
	the least to the control of the cont

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

2621

02656

200	1				Keg. Di	st. No. 2/	
o. COUNTY Anne Arundel	MARYL		bence (Where	deceased lived.	If institution: Resider	nce before admission	n)
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) Ft George G Meade	s, write c. LENGTH OF STAY II		TOWN (IF outsi	de corporate lin	nits, write RURAL and		
d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION U.S. Army Hospital	ive street oddress)	d. STREET		itt St		e. 15 RESID ON A F	ARM?
3. NAME OF Firs DECEASED (Type or print) JOSE		Lo MTLE	NSKAS 4.	DATE OF DEATH	Month March	Doy Ye	ear 9 59
5. SEX 6. COLOR OR RACE Cau	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7 0 -1		lost	E (In years IF UNDER birthday) Months	Doys Hours	
10a. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) Soldier	ione 10b. KIND OF BUSINESS OR				ithuania	USA	OUNTRY
13. FATHER'S NAME UKKKSWKX J	oseph Milenska		MAIDEN NAM	NE .			
IS. WAS DECEASED EVER IN U. S. ARMED FORCI (Yes. no or unknown) (If yes, give wor or dotes of se Yes WW 1 & WW	state)	17. INFORMANT		4 High	St Sharon	Hill, Pa	
18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congestive He	eart Failure	9			ONSET AND D	MEEN Cays
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse tost. DUE TO	Asthma	.e				Chroni	c
PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		TH BUT NOT RELATED TO	THE TERMINAL	DISEASE CON	DITION GIVEN IN PAR	T I(o) 19. WAS AL PERFORM YES 10	MED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OC	CURRED. (Enter noture o	of injury in Port	1 or Port II of i	tem 18.)		
20c. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m.	While Not while of work of work	PLACE OF INJURY foctory, street, office	Home, form, e bldg., etc.)	20f. (City or tow	(n) (County)	(Stote)
21. I certify that I attended the alive on 11 March ACTUAL SIGNATURE FRED W. LAF	Lafferty	M.D. U.S.	0500 An	A, from the press (Street, ci	, 1959, that I causes and on the street of t	he date stated DAT Md 11 1	d above re signed Mar 5
220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 3-12-5	F 22c. NAME OF CEMET		220	LOCATION (City, town, or county) Iill, Penn	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc.,	ADDRESS		240. REC'D BY	Y REGISTRAR	24b. REGISTRAR'S SI	GNATURE	

		NAV.
		200
		A STATE OF THE STA
Allega K abana and a langua		
	AND AN ADDRESS OF THE	TO VISION TO THE CONTRACTOR OF
The same and the s		
TO ME OF LINE AND A SERVICE OF THE PARTY OF		
the about the market of the same and the		met a com Avilla
A CONTRACTOR A CAMPAGE OF THE SAME	15000	THE STATE OF LABOUR.

the funeral director, ould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician. TO FUNERAL PRECTOR: After this certificate has been signed by the attending physician and confidently filled in by the funeral director page 3 shall be detached for use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and pould be filed with the registrar page 1 burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/S5

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1
2682	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

02657

2000	GERRINI	AIL OI DEAIN		Reg. Dist. No.
o. COUNTY ne Arundel	MARYLAND	2. USUAL RESIDENCE (Where o. STATE)	d Hours	Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	de corporate limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) MZVde	Middle	Miller 4.	DATE Month OF DEATH March	Day Yeor /> 1959
Female White WIDOWE		8. DATE OF BIRTH 9-//-/890	lost birthdoy) yrs.	FUNDER 1 YEAR 1F UNDER 24 HRS. Months Days Hours Min.
Occupation (Give kind of work done 10b. during most of working life (Fig. 1) (Fig. 1) ENU R. I. Co.	KIND OF BUSINESS OR INDI	PEUNA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME E. DOPAR L. Mil	LER	CORA W	ASHINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dates of service)	10	RS. R.G. WATTS	# 2 Addres	
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).] EREBRAL	HEMORPHA	SE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate case (a), stating the under- lying couse last.	PERTENSIU	= CHEDIOVA	SCLAR DIS	SHEE 8 HEARS.
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED?,
200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port	1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of work	_ Not while _	PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an	, 6	17, 1957, to	/ (/	that I last saw the deceased d an the date stated above.
ACTUAL SIGNATURE QUILANTS	& Bet	M.D. 4/ Soule	RESS (Street, city or town, sto	ote) DATE SIGNED
PHYSICIAN'S NAME (Type)		(Com	Jolis, my	1
22g. BURIAL CREMATION, 22b. DATE THEREOF BREMOYAL (Specify) 3-26-59	22c. NAME OF CEMETERY	OR CREMATORY CONTROL OF CHANGE	HAMBERS 134A	county) (Stole)
of FUNERAL DIRECTOR'S STOMATURE	Muopolis,)	DATE AND		AR'S SIGNATURE

			Lough	
		Lambo es		
	tool Division			
			TANKE IN	
No. of the last of		AST IN		THOMA

VS A15 (4) 15M 9/55

N

6

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
2621	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

10001		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Arundel	MARYLAND 2. USUAL RESIDENCE (Who	ery deceased lived. If institution Residence before admission) b. COUNTY A na HOUNGE
RUBAL and give nearest towns	10 Hnne	utside corporate limits, write RURAL and give nearest town) 2 PO/15
d. NAME OF HOSPITAL (If not inhospital, give street addr OR INSTITUTION	res) Hospt. d. STREET ADDRESS 1308	McKinley St. e. IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) Bertha	Middle MyERS	4. DATE Month Day Year OF DEATH 3 6 1959
F W WIDOWED		9. AGE (In years of the state o
10c. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole C	1/1/4
13. FATHER'S NAME - JAMES AAYER	14. MOTHER'S MAIDEN N. ELIZABE	TH BOLLINGER.
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOC	Mrs. Gretchen S	Patchell Annapolis, Md.
1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) and to	or (o). (b). ond (c).] eriosclorotic cardio-v	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b)	heart disease c h	
gove rise to immediate course (a), stating the under-lying course last.		
6	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMING FRACTURE & hip	NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
	Fell at home 12	ort I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work D	RY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town) (County) (Stote) Annapolis, AA Md.
21. I certify that I attended the deceased alive on March 6 1959	from June , 1954, to N	Lanch 7., 19.59that I last saw the decease
ACTUAL SIGNATURE D. BOZ		ADDRESS (Street, city or town, stole) DATE SIGNE Sarrett Blvd., 3/7/59
PHYSICIAN'S NAME (Type) S. Borssi		napolis. Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22 REMOVAL (Specify) 3-9-1959	DURS TOWN CHARTORY	22d. LOCATION (City, town, or county) PA. (Stote)
23) FUNERAL DIRECTOR'S SIGNATURE	ADDRESS) DATE MATE	BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AR 1 1 '59 Arthur S. Kraue

BT SROWTHAS HTLASH PO THE	STATE DEPARTM	MARYEAM	
ATTE OF DEATH		1088	
	716		
Market Contract to be removed and A. J. Contract services.			
england to the Power and Land was present. Land Silver and Control of the Contro			
12 11 11 1 Level 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V.		
Buttom remain at announced and		The second	

1	4	
ector,	All all	

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2622

CERTIFICATE OF DEATH

02659 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Anne A	rundel		MARYL	AND	2. USUAL RESIDENCE 6. STATE Mary			b. COUNTY	n: Residence		-	on)
		f autside corporate limit	s, write	c. LENGTH OF STAY II	N 16	e. CITY OR TOW						-)
	Annapo					10 Annapo	lis						
		AL (If not in hospital, gi	ve street	oddress)		d. STREET ADDRI		154.0			•.	IS RESI	DENCE FARM?
	Anne A	rundel Gene	eral	Hospital		1227 I	yle	r Ave				YES 🗌	NO 🔯
3.	NAME OF DECEASED	Fire	t	Middle		Lost		4. DATE OF	Mon	th	Day	١	/eor
	(Type or print)	RICHARD		ALLEN		NICHOLS		DEATH	Marc	eh	9	1	1959
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIES		8. DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER 1			
	Male	Caucasian	WIDOWI	DIVORCED		May 14, 18	397		61 yrs.	Months	Doys	Hours	Min,
100	. USUAL OCCUPATION	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE	(Stote c	or foreign co	untry)	12. CITI	ZEN OF	WHAT	COUNTRY
	Linesman	ing life, even if retired)		s & Electri	ic	Anne Ar	baur	el Cor	inty, Md	. U	.S.A		
13.	FATHER'S NAME		1 00	D 00 22 00 02 2		14. MOTHER'S MAI							
	Luther	M Nichols				Louise A	nde	reon I	5 61379				
15.	WAS DECEASED EVE		ES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	illae	13011 1	Add	ess a		7.	
(Ye		If yes, give war or dates of se		12-05-5961		hn Walter	Nic	hols	Defe	nse Hi	nnap ghwa	olls	Md.
		TH [Enter only one con TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	1 4	for (a), (b), and (g).]	ze	nie Car	en	ione			INTER	VAL BE	DEATH
VIION	Conditions, if or gove rise to it couse (o), storing tying couse lost. PART II. OTH	the under (c)		ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART		PERFO	RME D?
L CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of inju	ary in Po	orl t or Port	II of item 18.)			res []	NO 🔀
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yea	While	Not while /	l0e. PL fo	ACE OF INJURY (Home ctory, street, office bldg	e, form, g., etc.)	20f. (City	or town)	(Co	ounty)		(State)
	21. I certify th	at Inattended the	deceas	ed from	8	, 19 <u>57</u> , to	2	3/9	1959	_,that I la	ast saw	v the	deceased
	alive on ACTUAL SIGNATURE	S/ 9 e Charl	195	Secler	death	M.D. XICHA			the causes of city or lown,		e date	state OA	ed above TE SIGNED
	PHYSICIAN'S RINAME (Type) RI	CHARD N PE	ELER,	M.D.		121 Cat	hed	ral St	, Annapo	olis,	Md.		
220	REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMET					ION (City, town, o			(Stote)
-	Burial	March	3, 10		est	Memorial			polis		aryl	and	
23.	HOPPING	1/1/1/1	1/	Annapolis	1		REC'D	BY REGISTR		TRAR'S SIGN			
			/				HAIL.	1 0					

VS A15 (4) 15M 9/55

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02660

	268	3	CERT	FICA	VIE OF L	JEATH			Reg. D	ist. No.		
1. PLACE OF DEATH 6. COUNTY Anne A:	rundel		MAR	rland	o. STATE	pence (whe		lived. If institut b. COUNTY Anne		nce before	. /	on)
b. CITY OR TOWN (If RURAL and give ned	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	stside corpore	ote limits, write	RURAL ond	give neore	est town)
Dorsey	brest town)		10 vr	5.	X Do	rsev	(Ha	nover	P.0)		
	AL (If not in hospital, gi	ve street o			d. STREET A			HOVEL		e.	IS RESI	DENCE
Bo	x 272 - C	hio	Ave.		R	ox 27	2	bio Ar	7.0		ON A	
3. NAME OF DECEASED	Fin		Middle		los		4. DATE	Mo	nth	Day	Y	ear
(Type or print)	FR.	ANK	EDWARD		OFFI		DEATH	2	col.	9		939
5. SEX	2 4 4		IED NEVER MARRI		B. DATE OF BIRT			. AGE (In years	IF UNDE	RIYEARI		, ,
M-7-		WIDOWE			D . 3	7.00		last birthday)	Months	Doys	Hours	Min.
Male	White				TPY 11 BISTHE	ACE (State o	r foreign cou	50 yrs		ITIZEN OF	WHAT	COUNTRY?
during most of worki	ing life, even if retired)	one rob.				over (since o	i roreign co.		12. 0		WINAI	CODIVIRIT
Machin:	ist		S.Coast	Gua		ltimo		ld.		I.S.A		
IJ. FAIMEK S NAME					14. MOTHER'S	MAIDEN N	AME					
George		:t				gnes	M. St		S			
1S. WAS DECEASED EVER (Yes. no. or unknown) (I	IN U. S. ARMED FORG		SOCIAL SECURITY NO). 17. If	NFORMANT			Add	fress			
no	11/1/1/1	1/12	218-12-69	886	Mrs	Alois	I.C	ffutt	Sa	me /	10	42
18. CAUSE OF DEAT	TH [Enter only one cou	use per line	e for (o). (b). ond (c)	-]						INTER	VAL BET	
PART I. DEAT	H WAS CAUSED BY:	/	man or	100		, 6	Lev	cons	,	3	I AND	DEATH
141.9	DUE TO	,	2			11	bir	1		1	1	the.
Conditions, if on		21	met	1	tane	17	5 7	Tim	THE	1 4	~	
gove rise to im	mediate (15	26	-11	1		(1				_
lying couse lost.	he under-	12	Per M	122	100	new	del	Tas		12	2	- C-C-C
	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BOT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 19	WAS A	UTOPSY
OIT V						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1712 01327132	201101101101	1514 114 17	- ' '	PERFO	RMED?
200. ACCIDENT WAS	LINDEDIVING C	20h DESC	RIBE HOW INJURY C	CCHROEF	\ /F=4== ==4u== =	(inium in D	ant Lan Dant	It of item 10 t			LES [NO 🕗
PART II. OTHI	CAUSE OF DEATH	200. DESC	KIDE HOW BUILDING	CCURREL	. (Enter noture o	or injury in re	off for roll	ii or iiem is.j				
	Month, Day, Yea	1204 161	IJURY OCCURRED	200 81 /	CE OF INJURY (Mana form	206 10%			10 11		10
20c. TIME OF INJURY Hour o. m.		While	_ Not while	fac	tory, street, office	e bldg., etc.)	20f. (City	or town)		(County)		(Stole)
p. m.	19	of work	of work									
21. I certify the	at I ottended the	decease	ed from Va	n	192/	, to 2	well	9 193	Tithot 1	lost sav	v the	deceosed
alive on All	ah 8	195	9 and that	death	accurred at	4.15	M. from	the causes				
	n n -		1.0		1	60 W a		et, city or town				TE SIGNED
ACTUAL SIGNATURE	1/2/	1 1800	e en la	e with	1	3-1	6	200	M.	Rina	27	1 3/1
SIGNATURE	1100			8	w(D	/3	1	1			- March	
PHYSICIAN'S PAME (Type)	72 12	m /.	m 19	1.0	4	31	11/1/1	Berg	le c	700	722	4
220. BURIAL, CREMATION	V. 22b. DAFE THEREO	E	22c. NAME OF CEM	EXCOV O	CREATATORY	Contract of the second	27 10047	ON 1/Cin. 1-	The fact of			57
REMOVAL (Specify)	TENEO. UPARE INTEREO	1-1-					0.7	ON (City, town		2.0	(Stote	-
Burial	Mar.13	159		lave	(1		<u>Gle</u>		-	Mary	Jan	a
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			MAI	R 1 2 '5			IGNATURE		
11 / oungle		G	len Burn	ie.	Md.	DATE EVIPLE	1 6 0	a	Ministry 2	P. Kraw	4	

TO FUNERAL D'RE page 3 shou the registror VS A15 (4) 15M 10/57

the registror prior to buriol, cremation, ar remayal, and in any event within 72 hours after death

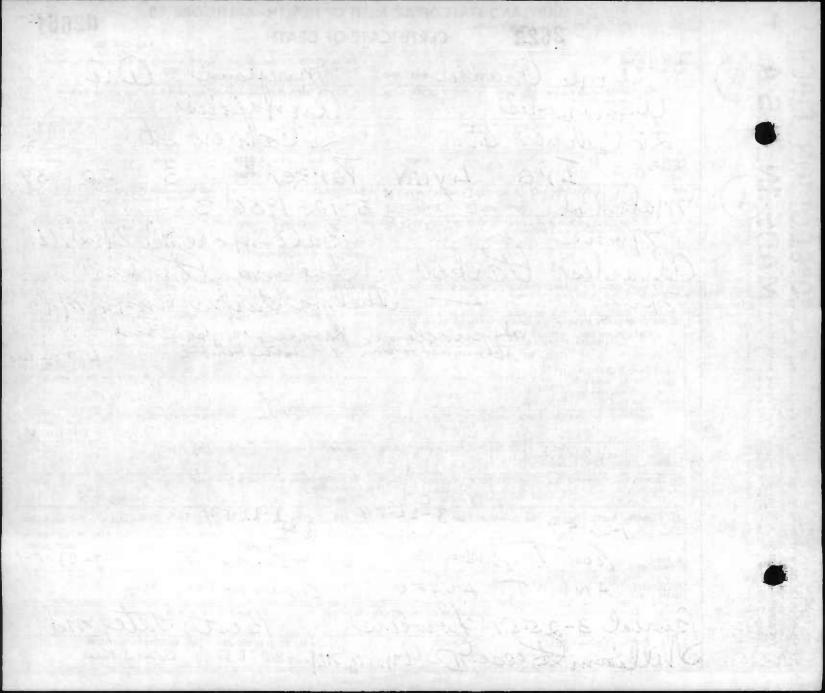
TO FUNERAL

VS A15 (4) 15M 9/58

2623

CERTIFICATE OF DEATH

			Reg. Dis	t. No.
o. COUNTY CHYPLE	arundel MARYLI	g. STATE VA.	ceased lived? If institution: Pesidence	e before admission)
b. CITY ON TOWN (If outside carporate RUPAL and give nearest tawn)	te liftits, write c. LENGTH OF STAY IN	10 CITY OF TOWN (If office of	corporate firmits write RURAL and g	ive nearest tawn)
d. NAME OF HOSPITAL (IF not in hosp	ital, give street addjess)	d. STREET ADDRESS	ver St.	e. IS RESIDENCE ON A FARM? YES NO S
NAME OF DECEASED (Type or print)	First Middle	Parker 4. DA	ATH 3	Doy Year 22 19.59
male Coli	RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	- 4 14 10/	1 11 11 11 1	1 YEAR IF UNDER 24 HRS Days Haurs Min.
during most of working life even if re	wark dane 10b. KIND OF BUSINESS OR etired)	INDUSTRY 11. BIRTHPLACE (State or fore)	ign country)	EN OF WHAT COUNTRY
3. FATHER'S NAME	Harker	14. MOTHER'S MAIDEN NAME	a Hark	ev
5. WAS DECEASED EVER IN U. S. ARMET		Thelma Ja	sker, ann	a. md.
1B. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).]	. 10	7 Jun Fred	INTERVAL BETWEEN
Canditians, if any, which gave rise to immediate cause (o), stating the underlying cause last.	UE TO CEL MINISTRE- (b) (c)	ton q anti	habi	obeut 2 1 h
5	CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DIS	sease condition given in Part	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH NER)	CURRED. (Enter nature of injury in Part I a	r Part II af item 1B.)	
20c. TIME OF INJURY Month, Day Haur a. m. p. m.	7, Year 20d. INJURY OCCURRED 2 While Nat while at wark at wark	toe. PLACE OF INJURY (Hame, farm, 20f. factary, street, affice bldg., etc.)	(City or town) (C	ounty) (State)
21. I certify that I attended			am the causes and an the	st saw the deceased
ACTUAL SIGNATURE CERS	T. Colley		\$\$ (Street, city or town, state)	3-27-1
PHYSICIAN'S ARIS	T, ALLFA	anny	nobes, and	
PURIAL, CREMATION, 226. DATE TO SEMOVAL (Specific 3-2	HEREOF 22c NAME OF CEMEN	ERY OR CREMATORY 2247	OCATION (City, to fit as county)	(State)
3 FUNERAL DIRECTOR'S SIGNATURE	LOONE ADDRESS Q	24a. REC'D BY REMAR 2		1 4



e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

(fitote)

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO

Year

19 V

Min.

Reg. Dist. No.

institution: Residence before admission)

write RURAL and give nearest town)

Month

Months

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE,
2624 CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OF OWN (If outside corporate limits, write I
d. NAME OF HOSPIDIA (If not in hospital, give street address) ON EVERY CWC.	200 Severn Que
3. NAME OF DECEASED (Type or print) William 6,	Parks 4. DATE MOI DEATH
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH May 29-1875 9. AGE (In years lost birthday) 8 3 yrs.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	

16. SOCIAL SECURITY NO.

1B. CAUSE OF DEATH [Enter	only one couse per fine for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	E CAUSE (0) Search Clisicos	10485
4344	DUE TO	
Conditions, if any, which		
gove rise to immediate cotise (a), stating the under-	DUE TO	
lying couse lost.	(c)	

17. INFORMAN

14. MOTHER'S MAIDEN NAME

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)

MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while 19 of work of work 21. I certify that I attended the deceased fram

1922, that I last saw the deceased and that death accurred M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED

ACTUAL PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 22d. JOCA ION (City, town, or county) 220. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR

206. REGISTRAR'S SIGNATURE DATE MAR 2 3 '59

be filed with hours after death. ould l 드 등 filled within completely papers. death. puo ofter ATTENDING PHYSICIAN: The law requires that the death certificate be physician hours attending p Within 72 please P any has been signed remayal, and burial-transit ar attending physician certificate detached for use as the to burial, crematian, ar RECTOR: by prior TO HOSPITAL OR TO FUNERA! n page VS A1S (4) 1SM 9/S5

director Page

00

13. FATHER'S NAME

CATION

IS. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

necessary,

MEDICAL

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	Serie Authorite Pilloner et le oprité de 10 juit veut au 1
	The second secon

e. IS RESIDENCE ON A FARM?

Hours

YES NOX

Year

191

MIRS

PERFORMED? YES NO

(State)

DATE SIGNED

(Stote)

15M 10/57

AND				5 40 77		
The second secon		Maria Carl		L '' '' ''		
The part of the control of the contr				Director of the No.		
The state of the s	and the second	Maria Neces 1850				
Tarray F. Covers Gazantes Gaza						
Correct State No. 1 County State No. 1 County Action State No. 1 County State No. 1 Count				T. Dame	44.00 4"	
The property of the property o	As very distance that				Santa 1	
			Toxac .			
	.09. semion if ablas	u . (Gazunse Prus)	-,			
The Control of The Co						
Land to the contract of the company of the contract of the con						
Later the state of						
		fige Comptery F				

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		2020en	18 10,	11,12,13,	14 F	ilmG241 4-2	20-59	et	Reg. I	Dist. No).	
1, PLACE (OF DEATH A	A.CO		MARY	LAND	2. USUAL RESIDENCE (V		ed lived. If institu b. COUNT		40 -	fore odm	ission)
b. CITY	OR TOWN (If out	side carporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corp	orate limits, write	RURAL or	d give n	earest la	iwn}
	napoles			1 004		X Shady	510	<u>e</u> _				
-		VOEL G		pital, give street addres	15}	d. STREET ADDRESS					ON	A FARM?
3. NAME O	OF SED	Fir	ıt	Middle		Lost	4. DATE OF	Month	1	Doy	1	rear .
(Type or		Robe	RY	/	oti	exticle	DEATH	3		19	1	1959
5. SEX		COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D 🔲 B. I	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE			ER 24 HRS.
M		w	WIDOWED	DIVORCED		11-4-83		7.5 yrs.	Months	Days	Hours	Min.
10o. USUA during n	L OCCUPATION	(Give kind of work ife, even if retired)	dane 10b. K	IND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stale	or fareign co	ountry)				COUNTRY
Live	estock	dealer				Vir	ginia		U.	S.A	e	
13. FATHE	R'S NAME				14 17	14. MOTHER'S MAIDEN N	NAME					
		Thomas				Susan Co	blenz					
15. WAS D		IN U. S. ARMED FO yes, give war or dates of		SOCIAL SECURITY NO.	17. INI M/2	S. DORIS WI	LDE	Shadyse	de	Mo] .	
18. CA	USE OF DEATH	[Enter only one cou	se per line l	far (e), (b), and (c).				-		INTE	EVAL BETW	EM1
	PART I. DEATH	WAS CAUSED BY	2.1	d - 3 vd.	14	2 gree Bo	www			ONSI	La hi	
9	16.0	DUE TO				1				1	0,	
	itians, if any,											
gove	rise ta immedia	te couse										
cause	tating the uni	derlying										
ZOG. E. PRIMA CAUSE	PART II, OTHER			INTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	INAL DISEASI	CONDITION GIV	EN IN PA			AUTOPSY DRMED?
200. E. PRIMA	XTERNAL CAUSE RY AT OF CONT OF DEATH.	WAS RIBUTING []	44			der nature of injury in Part	11 -	of item 18.)	R	fire	2	
3 20c. TI	ME OF INJURY	Month, Day, Ye	or 20d. I	NJURY OCCURRED 2	De. PLACE	OF INJURY (Hame, farm	20f. (City	or tawn)	(C	(yinus		(State)
	Hour a.m.	3-18 12	9 While	rk at work	factor	y, street, affice bldg., etc.	.}		A	Neo	7	rel
21. 1	certify tha	t I took charge	of the r	emoins describe	d obov	e, held on Autops	y 🔲, Ir	spection .	Inqu	ry 🗌	, on	id in my
opini	ion deoth re	sulted from	Vatural o	causes , Acci	dent [], Suicide [], I	Homicide	. Undete	rmined	manne	er 🗌	
ACTU	AL ATURE	Am	back	2		M.D. CHIEF MEDICAL EX	AMINER [DATE !	SIGNED
EXAM	AINER'S E (Type)	F. Gen	Liste	14.		ASSISTANT MEDICAL I		and the same of th		3-	-19-	-59
220. BURIA	L. CREMATION,	27b. DATE THERECO)F	22c. NAME OF CEMET	ERY OR C	REMATORY Lovettsuit	722d LOCAT	HON (City, town	or county)		(Sto!	e}
		EIGNATURE TY	Fall	sulles 2	ed	240. REC'	D BY REGIST		STRAR'S SI		-	

4 should VS. A15ME 5M 2/57

ō

DEPUTY

10

EPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please ecute that evillatione, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page hauld provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. UNERAL PRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of the Health, its designated agent, priar to burial, cremation, or removal, and intany event within 72 hours after death.

		- 25 Sept.	
		4 ~	,
-			

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02666

		2685		CEKI	IFIC	AIE OF	DEATH			Reg. D	ist. No.		
1.	PLACE OF DEATH	nne Arun	del	MA	RYLAND	o. STATE	IDENCE (Who	La Company	d lived. If institut b. COUNTY			re admis	
	b. CITY OR TOWN (III RURAL ond give ne ueenstown			LENGTH OF STA	Y IN 1b	C. CITY OR			town -	RURAL ond		rest tow	n)
	or institution Box 218	Queensto				/ d. STREET	**	3				ON A	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Albe		Midd	le	Queen		4. DATE OF DEATH	Marc		29		Year 959
	sex Male	6. COLOR OR RACE Colored	7. MARRIES			8. DATE OF BIRT		392	9. AGE (In years lost birthdoy) 66 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UND Hours	ER 24 HRS. Min.
	Labore:	N (Give kind of work on the life, even if retired)	done 10b. KII	ND OF BUSINESS	OR IND	Mar	yland		ountry)		U.S		COUNTRY
		rose Quee					ie Wi		ms			-	6 . 1
		IN U. S. ARMED FOR I yes, give wor or dotes of si		OCIAL SECURITY N		s Ethe:	1 Que	en	B'd' Severn.	X' 21 A.A	79	ueer	nstow Md.
		TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	18	for (a), (b), and (1	nucker	esal	icu			ONS	RVAL BI	DEATH
	Conditions, if or gave rise to in cause (a), stating I lying couse lost.	mediate	Lutis	uosele	ute	and and	es Va	reelo	Deer	ace			
CATION	PART 11. OTH	ER SIGNIFICANT CON	DITIONS COL	NTRIBUTING TO D	EATH BU	T NOT RELATED TO	O THE TERMIN	NAL DISEAS	SE CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY	OCCURR	ED. (Enter nature	of injury in P	ort I or Por	t II of item 18.)				
MEDICAL C													

1923, to 1926 14 17, 1937, that I last saw the deceased , and that death accurred at 16 A M, from the causes and on the date stated above

ADDRESS (Street, city or town, state) BRYANT L. JONES, M.D. ACTUAL 104 Crain Highway, South Glen Burnie, Maryland PHYSICIAN'S NAME (Type)

Phone: SO 6-3230 22d. LOCATION (City, town, or county) BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

Co., Md. Harmons, A.A. 4-1-59 Saints Rest FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Orthur S. Krauk DATE

TOTAL AND THE		na Tabasira	PERM
	ut interes error and		• 100
	85° a min	maskar- hydran-	100
out to the said		pands	
		ment of the property of the contract of the co	
, , ,			
	Abelil a account	geeu)	
= 4 = 4 = 4	in a tipl baseur		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 262 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02667

,				1.66	311 7 5	間はとうグ	1-10-17 6	V	Keg.	DIST. NO.	
	1, PLA	OUNTY CL	ne (Drum	del	MARYLAND 2	o. STATE	Where deceased the	b. COUNTY	dence before admission)
1	b. CI	TY OR TOWN-(If one give nearest lown)	outside corporate limits	Porito RURAL	c. LENGTH OF	STAY IN 16	C. CITY OR TOWN	(If Autside corporet	e lights, write RURAL o	nd give neorest town)	
)	d. N	AME OF HOSPITA		N (le not in hosp	pital, give street o	oddress)	d. STREET ADDRESS		t St.	e. IS RESIDE ON A FA YES N	RM?
	(Тур	ME OF EASED or print)	C	laud	e Midd	Ka	ost 2/1	4. DATE OF DEATH	Month 3	Doy Year 8 195	59
/	5. SEX	ale	6. COLOR OR RA	WIDOWED	DIVO!	CED D 6		74 8	GE (In years IF UNDE Months yrs.	Doys Hours Min	٦.
	Ba	ng most of working	Man if retin	ed) //	10,50	ilroad	W.a.	Cos M	12. 0	I S. CL	INTRY?
	C	olling	Cuss. ARMED	FORCES IAS	udal	le	Elle	W S	andal		
	IAer. 65	70 1	It yes, give war ar date H [Enter only one	as of service)		1	elen &	andal	C ans	rapolis,	mit
	16.	PART I. DEATE	WAS CAUSED B	Y: (o)	Bur	ns (enere	Gest		CHISET AND DEATH	hy-,
1	80	onditions, if on we rise to immedi), sloting the v	ofe couse	(b)		0	that the control of t	0			_
		use last.)	(c)							
0	CERTIFICATION CA			ONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER	RMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(0) 19. WAS AUTO PERFORMED YES NO	0?
		MARY DO CON		1 0	Luce	fu	noture of injury in I				
2	MEDIC	Hour o. m.		While of work		6 foctory.	OF INJURY (Home, fo street, office bldg., e	PfC.)	own)	Sunty)	ofe)
			esulted from			ribed above, Accident D	held an Autor	psy [], Inspe Homicide []	ction [], Inqui		my
		TUAL GNATURE	1/4	place	4	М	D. CHIEF MEDICAL			DATE SIGNE	90
2	N/	AMINER'S AME (Type)	T.L	who	est.		DEPUTY MEDICA	L EXAMINER		3/8/89	
		MOVAL (Specify)	3-11-	-59 P	Brew	EMETERY OR CRE	till	ann	opous,	mod	
	5/1	illen	SIGNATURE	ese &	D- and a	nu:	MA DATE	MAR 1 0 '59	24b. REGISTRAR'S'SI	GNATURE . Krand	

VS. A15ME 5M 2/57

7.00			
ALC: NO.		99338	
		State of the Control of the	oth
			d
			-
		Part and	
			3.

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of a 6 Health, or its designated agent, prior to burial, cremation, or removal, and in any event within-72 hours after death.

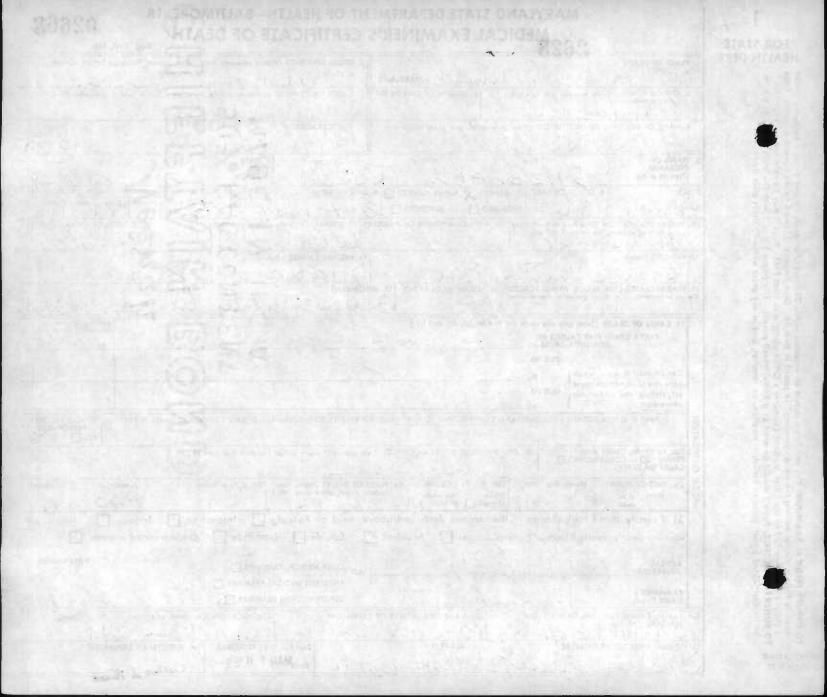
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02668

2628	Reg. Dist. Na.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Chrise Crimall MARYLAND	o. STATE Maryland COUNTY (C), (C),
b. CIPA OR TOWN (H outside corporate lands, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate lintils, write RURAL and give nearest town)
anapolis	10 Cirrapolis
d. NAME OF HOSPITAL ON INSTITUTION (If not ig hospitol, give street oddress)	d. STREET ADDRESS ON A FARM? 1917 SLEET ST. 1 S RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) First K	A DATE Month Doy Yeor OF DEATH 2 0 19.59
	DATE OF BIRTH 9. AGE (in year) 1 IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
12000	Yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION of working life, even if retired)	a.a.c. md. 21.S.a.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James I tulington	maria Debron
(15) WAS DECEASED EVER IN U. S. ARMED FORCES? (16) SOCIAL SECURITY NO. (17) IN	lelen Landall - annapolis, mo
18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).]	O INTERVAL BETWEEN ONSELAND DEATH O
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Jeneales Jude
916.0 DUE TO	
Conditions, if ony, which (b)	
(o), stating the underlying DUE TO	
V	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
OF THE STATE OF TH	YES NO
206. EXERPIÓN CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE PROBATH.	Ner noture of injury in Port I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
Hour o. m. 3 - 8 19 9 While Not white of work of work	done 1990 M
21. I certify that I took charge of the remains described about	re, held an Autopsy 🔲, Inspection 🔲, Inquiry 🔲, and in my
opinion death resulted from: Norwal causes . Accident	Suicide , Homicide , Undetermined manner
ACTUAL /	CHIEF MEDICAL EXAMINER T
SIGNATURE () Partners 4	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) F- LIN HAKYT.	DEPUTY MEDICAL EXAMINER X 3/8/59
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c MAME OF CEMETERY OR BEMOVAL (Specify) 3-11-59	CREMATORY 220- OCATION (City, town, ofceunty) (Stote)
23. FHINERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 74b. REGISTRAR'S SIGNATURE
William Delse II - Como 7	Hati DATEMAR 1 0'59 V Carthy & A
	A River

4 should b VS. A15ME SM 2/57

2 0



2686	CERTIFICA	ATE OF DEATH	Reg. Di	(1200) ist. No.
1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FRIENDSHIP	c. LENGTH OF STAY IN 16	BROADWAT	tside carporate limits, write RURAL and ER, DEALE	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et oddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELIZABETH	JANE RI	NDALL	4. DATE Month OF DEATH MARCH	Day Yeor 14 1959
FEMALE White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH APVIL 1870	9. AGE (In years lost birthday) 8 9 yrs.	Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	b. KIND OF BUSINESS OR INDU	Prince Ire	eorge Co. Md. L	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	H2//	14. MOTHER'S MAIDEN NA	UNKHOWA	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	None 17. 1	RS FOH M. I	Ying Friendship	o Md.
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which	Electral a Univaled	activiosa	lursis	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (o), stating the under: lying cause lost. DUE TO (c)	hyper	Censem		
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
Hour o.m. Wh.	t.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City ar town)	County) (State)
21. I certify that I attended the dece			, 19,that I .M, fram the causes and an t	
ACTUAL SIGNATURE Link H-1	inlampating (DDRESS (Street, city or town, stote)	DATE SIGNE 3ー17も
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 3/16/39	Wood field	OR CREMATORY 2	22d. LOCATION (City, town, or county)	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE STATES	La ADDRESS Le 22		BY REGISTRAR 24b. REGISTRAR'S SI	GNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNEL TORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 and be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 the registrar priar to burial, crematian, or remayal, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 9/5S

the funeral directar.

		CERTIFICA	*
	or tomber of the st		
			Water Street Control of the Control
11.00			SECURITIES OF THE ARMS THE

FOR STATE HEALTH DEPT. necessory, please al director. Page Afor your files. d of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral 4 should for warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained. TO FUNERA RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statel or its designated agent, prior to burial, cremption, or removal, and any event within 72 hours ofter death.

4 should to

VS. A15ME

BM 2/57

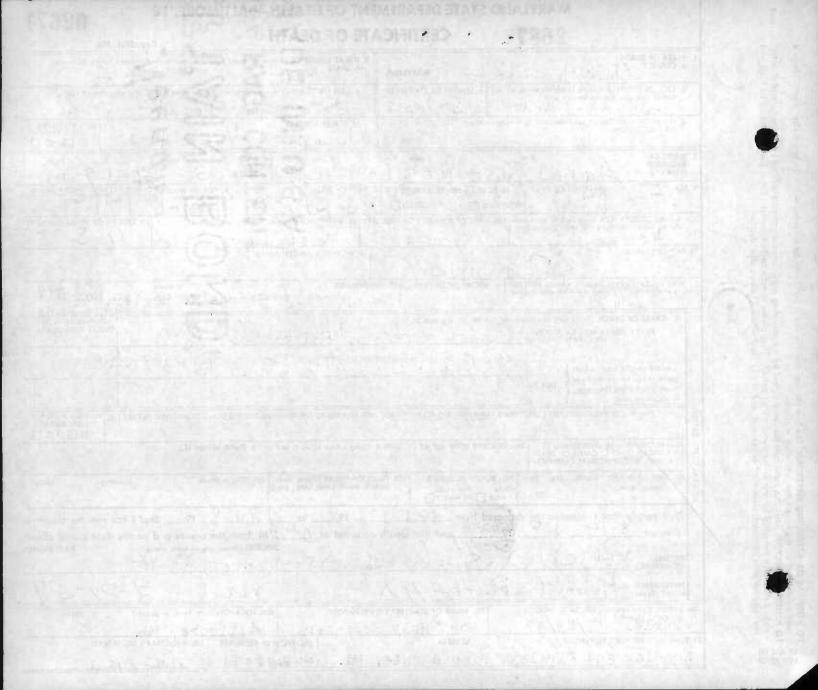
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MAEDICAL EVAMINEDIS CEDTIEICATE OF DEATH

02670

9690 Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY COUNTY (C), (C), MARYLAND 2. USUAL RESIDENCE (Where deceased lived. It institution: Perhaps deficience before admission) a. STATE Maryland (COUNTY (C), (C),
b. CHT OR TOWN (It outside corporate furils, write RURAL ond give neorest town) Cond give neorest fown) 1706 180 180 180 180 180 180 180 1
Chame OF MOSPITATOR INSTITUTION (If not in hospital, give street address) o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) SEDICE Widdle Randall DEATH 3 28 1959
S. SEX 6. COLOR OF RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yours load birthday) Months Days Hours Min. VIDOWED DIVORCED 24-185 Out of the proof of the pro
100. USUALOCCUPATION (Give kind of work done) Ob. RIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF YHAT COUNTRY during plots of vorking life, even if retired) 12. CITIZEN OF YHAT COUNTRY CO. Sawood M. 21. S. C.
George Handall Marthy Farker
15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. HYFORMANT Survive War or doles of service) 214-05-2496 Survive Sandall-Carpapolis Ma
18. CAUSE OF DEATH [Enter only one couse per time for (o). (b), god (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LICENTIFICATION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
Conditions, if ony, which (b) (b)
(e), stating the underlying DUE TO cause lost, (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH.
20c. TIME OF INJURY Month, Day, Year Nour o. m. P. m. Nour o. m. P. m. Nour of month, Day, Year of work of
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death (esulted from: Natural causes), Accident, Suicide, Homicide, Undetermined manner
ACTUAL SIGNED DATE SIGNED
EXAMINER'S RAME (Type) E-LINHAR of DEPUTY MEDICAL EXAMINER 3/28/59
220 AURIAL CREMATION, 226. DATE THEREOF 220 HAME OF CEMETERY OR CREMATORY (City, town, of county) (State) 4-2-59 (State)
23. FINERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE MAR 3 1 '56 ADDRESS ATTURE OATHUR & MAR 3 1 '56 ADDRESS ATTURE ATTURE ADDRESS

CERTIFICATE OF DEATH

	2081	CERTIFICA	AIE OF DEATH	Reg. I	Dist. No.
	o. COUNTY ANKAFUNDE	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution: Residue. b. COUNTY	ence before admission)
	Severnd 12:-	27 YRS	c. CITY OR TOWN (If out	side corporote limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street as OR INSTITUTION	Idress)	d STREET ADDRESS	s HoLe RO	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Agnes Ros	e Req L	er/1879	DEATH 3 - 2/	- J-9 . 19
	5. SEX 2 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH 187	1 1 1 1 1	R 1 YEAR OF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. Kind uring most of working life, even if retired)	HOWE	Botter	note med	TITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME ?	mier	14. MOTHER'S MAIDEN NA	ME S	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.	dies Coul	George H. Regl	er, Box 411
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying couse lost. (c)	for (o), (b), and (c).] Selve	Demoi Ceretre C	rliogl V.Desce	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	I NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year While at work	Not while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased alive an 3-19-19-19 ACTUAL SIGNATURE PHYSICIAN'S	from 1950 and that death	10-7	M, from the causes and an ODRESS (Street, city or town, state)	last saw the decease the dote stated above DATE SIGNE
-	NAME (Type) SPTY C	22c. NAME OF CEMETERY O	OR CREMATORY 2	2d. LOCATION (City, tawn, or county)	(State)
	Burial 3/25/59		Redeemer	Baltimore, Md.	,
1	3. FUNERAL DIRECTOR'S SIGNATURE OF CHILD	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S S	
F	Hopping and Kirkley, C	ilyn_Burnie	, Md. DATE MAR	26'59 Outling	8. Thous



		0	Œ	
eat		INECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral d	be	1
2		Fur	plu	
offe		the	sha	
Urs		4		1
ho		-	0	1
24		led	1 50	
Pin Pin		y fi	oge	
*		ele	۵.	
ted		du	Sers	
eco		CO	pag	1
ex		puc	uo	7
e pe		C	orb	
cote		Sicio	/e c	-
ij		ohy	mo	1
Cer		5	re	72
oth		ndii	908	
o		offe	d	
the		e c	hen	Att
hot		t to	-	-
es +		P	m.	-
NI N		gne	per	. 1
red	on.	n Si	sit	Land.
3	Sic	pee	ro	~
he	phy	100	0	-
-	ing	e	20	-
¥.	end	fica	the	-
S	to	ertii	00	-
H	Ö	. 2	use	A
2	ital	부	5	-
ž	osp	ffe	Po	-
Ž	e h	×	Sch	
	÷ ^	0	det	4 -4
×	q p	SEC	pe	200
0	ine		P	0
4	rele		A.	hrone
2	pe	SE SE	S	2010
H	ay	5	oge	-
0	E	0	ď	4
٧	S	A15	(4)
1	5M	10	1/57	7

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 11	8

2689 CERTIFICATE OF DEATH

efore admission) ity nearest lown) e. IS RESIDENCE ON A FARM2 YES NO 1
e. IS RESIDENCE ON A FARM? YES NO 1
e. IS RESIDENCE ON A FARM? YES NO 1
e. IS RESIDENCE ON A FARM? YES NO 15 Day Yeor 19 AR IF UNDER 24 HRS.
ON A FARM? YES NO 1
Dox Yeor 22 19 59 AR IF UNDER 24 HRS.
AR IF UNDER 24 HRS.
AR IF UNDER 24 HRS.
Haurs Min.
OF WHAT COUNTR
.S.A.
ITERVAL BETWEEN
NSET AND DEATH
E2 11 - 11
19. WAS AUTOPSY
PERFORMED?
100
y) (Stote)
saw the decease
ate stated abov
are stated abov
3/23/5
01 01 4
3/23//
3/23//2.

				,*- _	
	CZERO C			*	Zoleniza obiac
				Weik.	
4 2					
		to distribute			
					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	a stopped by a second				
	. Day was was to be		» » (AN ALPAN PARK
U.S. Town					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND SHOPE		ERTIFICATE OF D		
	72.5			
			The state of	
				10 m
	E ANN S			
				Section 1 X
				1779
and the	W 19 19			

1	2			
-	J	/)	
1	2	SV	8	
8 4		-	1	
1			د	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	O	0	1	
¥	2	O	1	4

Reg. Dist. No.	112679
on: Residence befo	
URAL and give nee	orest town)
	e. IS RESIDENCE ON A FARM? YES NO
th Do	19 59
Months Doys	R IF UNDER 24 HRS. Hours Min.
U.S.	A .
me As #	2
	ERVAL BETWEEN SET AND DEATH
	2 mos
9	6 mes
EN IN PART 1(o) 1	19. WAS AUTOPSY PERFORMED? YES NO
ne 3	INT ON:

OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year

Hour o.m.

p. m.

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

Co.Mem.

(County)

(Stote)

DATE SIGNED

21. I certify that I attended the deceased fram alive or

ta_ Ithat I last saw the deceased and that death accurred at 9. M., from the causes and on the date stated above.

SIGNATURE PHYSICIAN'S NAME (Type)

While

of work

20d. INJURY OCCURRED

Not while of work

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Burnie. 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

TO FUNEP VS A15 (4) 15M 10/57

31 20		HAZH WOTTE		MALYNAM	
wind and	- 11	AMPOSTA	SERTINES		
to a server to a server to		PERMIT			
				Tellin red	27
	,		7i		
	The Party			well of letters	
c ,	1				
		e d	Dansamor 10 10 av		
	The state of the state of				
	•	SELECTION OF THE PARTY OF THE P			
				1 70	
	<u>†</u>	(40)	. i		
	A P II CON THE REAL PROPERTY.				
Carling S.				G THE THE	
•		101.00			Van-17
		• •	of the state of the		

	_		CD.					teg. Disi. 146).	
		LACE OF DEATH			2. USUAL RESIDENCE (Wh		If institution:	Residence befo	ore admission)	
1		An	ne Arundel	MARYLAND	Maryla			nne Aru	ndel	
	1	RURAL and give	(If outside corporate limits, wr	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate lin	sits, write RUR/	AL and give ne	arest town)	
			polis		10 Annap	olis				
		S. NAME OF HOSE	PITAL (If not in hospital, give st	reet oddress)	d. STREET ADDRESS				e. IS RESIDEN	NCE
		OK HASINOHOI	Anne Arundel	General	805 Sever	n Ave.			ON A FAR	
	3. [NAME OF	First	Middle	Last	4. DATE	Month	D	ay Year	
		Type or print)	KATHERINE	M	ROBERTS	DEATH	March	7	1 19	50
	5. S	EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF	UNDER I YEAR		1
		Female	Caucasian wo	OWED DIVORCED	Sept. 1. 19		birthday) N	Months Days	Hours A	Min.
	10a	USUAL OCCUPAT	ION (Give kind of work done	106. KIND OF BUSINESS OR INDU			J.T.	12. CITIZEN	OF WHAT COL	UNTRY?
		Housewi.	orking life, even if retired)	arm hama	Baltimo:	ra Md		U.S	2 1	
	13.	FATHER'S NAME	1.6	own home	14. MOTHER'S MAIDEN N			0.0	0.84.	-
		AUGUSTA	HAUCH							
	15		VER IN U. S. ARMED FORCES?	14 SOCIAL SECUPITY NO. 117	Unknown		Address			
		no, er unknown)	(If yes, give wor or dates of service)			DMG! II 3			11-	
	_				ARROLL P ROBE	RTS- Husb	and- Si			
			EATH [Enter only one cause p	er line for (o), (b), and (c).	2	1.		INT	TERVAL BETWE	ENI ATH
		PART I. DI	IMMEDIATE CAUSE (a)	le. Carina	my/nm	Vhoses	,		24hr	
		420.1	DUE TO	01-1	1-0	11 1.				
		Conditions, if		Mohrmell	whee.	V. Alla	Mash			
		gave rise to cause (a), statin			l	**			1,-1	100
		lying cause last		<u> </u>	mynn	now in.		/	2 20	1-1
	NO	PART II. O	THER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BU	NOT PELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(a)		
-	CATIO								YES A NO	
	<u>-</u>	20a. ACCIDENT V	VAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCURR	D. (Enter nature of injury in P	Part I or Part II of i	fem 18.)			
	CERTI	(IF EITHER, NOTIF	VAS UNDERLYING (1) 20b. IG (1) CAUSE OF DEATH FY MEDICAL EXAMINER)							
	S P	20c. TIME OF INJU	JRY Month, Day, Year 20	Dd. INJURY OCCURRED 20e. P	ACE OF INJURY (Home, form,	, 20f. (City or tow	(n)	(County)) ((State)
	MEDIC/	Hour a.m	10	hile Not while work at work	ectory, street, office bldg., etc.)				
	2	p, m		11100	1-1/2	1	1-7	-	-	
		21. I certify	that I attended the dec		/			that I last s		
		alive on	har-1, 1	9.59 , and that death	occurred at 2 00 /	M, from the	causes and	d on the do	ate stated a	bove.
		(M	· . m	10	19	ADDRESS (Street, ci	ly or town, sto	(0)		SIGNED
		SIGNATURE	MW-18 18	Van Mix	M.D. MYY	MARIA	Us 1	mil	3/3	159
		PHYSICIAN'S					/		7	1
		NAME (Type)	MAURICE F KLAW	ANS. MD	31 Southgai	te Ave A	nnanoli	is Mar	was for	
	22a	BURIAL, CREMATI	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (C	ity, town, or c	county)	(Stote)	
		REMOVAL (Specif		959 Baltimore Na		Baltimo				
	23,	UNERAL DIRECTO		ADDRESS		D BY REGISTRAR		RAR'S SIGNATU	JRE	
	1	(my	The state of the	Anganolis Marvl				Thur 8 Kg		
	1	HUPPIM:	HILLIHA LA CIMA	WINDSONING TO THE TOTAL OF THE	and part M	ו פנ ב אמו	COV.	man 1 D. 14		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page by the haspital ar attending physician. TO HOSPITAL OR

VS A15 (4) 15M 9/55

		J.F.		
			Talling of BALLS	
		Laboration of the Control of the Con		
		T		and the Company
		200		
				harron of his new the differ had
			Bulle	
The figure of the control of the con	The Section of Line of			

00

MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	BALTIMORE,	18

CERTIFICATE OF DEATH

02676

0004	Reg. Dist. No.
1. PLACE OF DEATH OUT ANNE ARYLAND ARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY A. A. County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest 10mm)
GLEN BURNIE 3 year	* GLEN BURNIE Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) FOREST OR INSTITUTION Bex 117 R. F. D. 5 Beechwood	BOX 117 RIF. D. 5 BEECH WOOD YES NO DE
3. NAME OF DECEASED (Type or print) Le Roy E. Middle	Obinson 4. DATE Month Day Year OF DEATH MARCH 27, 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Monthal Days Hours Min
MALE White WIDOWED DIVORCED	July 7, 1874 Strinday) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police MAN BALTO. CITE	ISTRY IT. BIRTHPLACE (Stote or foreign country) MARULAND CALVERT 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Robinson	MARGARET. V. BORDLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES2 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or doles of service)	INFORMANT BOX 117 R. F. D. 5 Address Breach wood Fon
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1420 I IMMEDIATE CAUSE (o) WELLE MY CON	una rigarción says-
at a	- Pardine la dina
Conditions, if any, which gove rise to immediate (b) Chilestostellisettes	Larace vascular disease
couse (a), stoling the under- lying couse lost. DUE TO (c) with Cardiac	decompensation 3 years.
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW MURY OCCURRY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	ACE OF INJURY (Home, form, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the followerk of work of the followerk of the fol	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from Della 15	6 1058 - March 27 1050 4 1111
	The decease
dive on figure of the first dealing the first de	a occurred at 2.00 A.M., from the causes and on the date stated above ADDRESS (Street, city or lown, state) DATE-SIGNE
SIGNATURE B.M. Mexaughtin	M.D. BEDY BIX 442 Pasadena, M. d. March 27. 19
PHYSICIAN'S R.M. McLaughlin	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C REPROVAL-(Specify) MAR Ch 30-195 Landon	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
A. Truman Dohwat	DATE Cothur S. Kraus

3512 Frederick ave (29)

	23.665					
				٠		
	114m.F					- 10 Hard
					War	
TO A SET						
		the barry and a				
	THE PERSON NAMED IN					

Herolib. files. director. Your For and form PM3. Give ST. E Office Exal wsed CTOR: DIREC Orw

FUNE 0 VS. AISME 5M 2/57

EXAMINER'S

W. T. Schwenseiero

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- #	ъ	. 1	2.	. /	1
	ø	2	U	-	6

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Seriore admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Tife Severna Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE YES NO TO NAME OF Middle 4. DATE Month Yeor DECEASED OF (Type or print) DEATH 77 1400 19 5. SEX 6. COLOR OR RACE 7. MARRIEDS NEVER MARRIED 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Hours Min. WIDOWED [white DIVORCED male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) State of Md. U.S.A. A.A.Ct. Md. Guard 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Stevens Richard Saffield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) IVes no as unknown! Rd. Benfield SevernaPar Saffield Lucy 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS, WAS AUTOPSY 0 PERFORMED? YES 🗍 NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.)

j	CAUSE OF DEATH.							
3	20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY OCCUI While Not wh of work of work	ile loctory, s	F INJURY (Home, for treet, office bldg., et	m, 20f. (City or tow	n) (County)	(State)
	21. I certify that I	loak shorge of	7the remains de	cribed abave,	held an Autop	sy 🔲, Inspect	ian . Inquiry .	and in m
	opinion death resul	led from: No	ural causes [],	Accident [],	Suicide [],	Homicide [],	Undetermined manne	
	ACTUAL SIGNATURE	Minke	ul	M.I	D. CHIEF MEDICAL E	EXAMINER		DATE SIGNED

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Md. Ritchie Highway Haven Glen Buria.

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Schweinsberg Service DATE MAR 2 6 arihung & Kraus

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
2631 CERTIFICA	ATE OF DEATH 02678 Reg. Dist. No.
COUNTY C MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
NAME OF HOSPITAT If not in hospital, give street address) OR INSTITUTION JENERAL HOSPIT	1309 Libson Road . Is RESIDENCE ON A FARM? YES NO
AME OF ECEASED Signal Property of Property	Scherger 4. DATE OF DEATH 3- 15 1959
Nale White WIDOWED DIVORCED [B. DATE OF BIRTY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: Buring man of working life, even (it retired) Of Sheet Metal North March Ucademy	11. BIREMPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
John K. Scherger	Maggie Jacobs
(AS DECEASED EVER IN U. S. ARMED FORCES 1/16. SOCIAL SECURITY NO. 17. 18 (10. or unknown) 11 year, give wor or dotes of service) 12 (10. or unknown) 13 (10. or unknown)	Grabeth & Scherger (2)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	renous Occlesion Interval Between Onset, and Death
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. (b) (b) (c)	
Part II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
21. I sertify that I attended the deceased fram 3	, 19.57, ta. 5/15, 195, that I last saw the deceased

1. PLACE OF DEATH o. COUNTY

NAME OF DECEASED

S. SEX

10a.

CERTIFICATION

0

(Type or print)

13. FATHER'S NAME

b. CITY OR TOWN (If o

d. NAME OF HOSPITAL

WAS DECEASED EVER

220. BURIAL, CREMATION,

EMOVAL (Specify)

MEDICAL p. m. 21. I sertify alivé an. ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S NAME (Type)

AUNAPOLIS, ma

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, town, or county)

-ATHEDRAL

24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

23 FUNERAD DIRECTOR'S SIGNATURE

22b. DATE THEREOF

ADDRESS polis

DATEMAR 1 9 '59

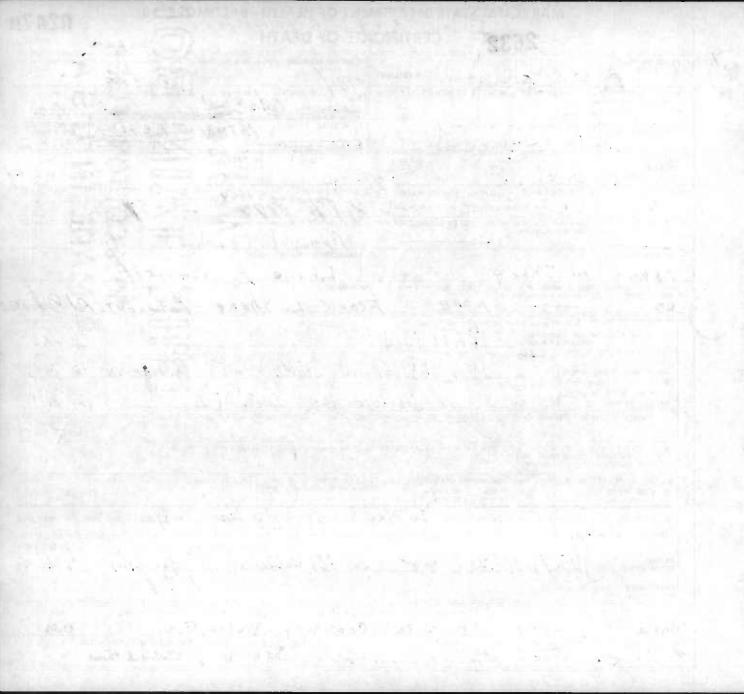
Orthur S. Frank

(Stote)

		\$60S
	And the street of	
		A Company of the same of
		The same of the sa
All principals and the principal of the second of the seco		
		AND SOUTH AND SOUTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death. hours deoth ATTENDING by the horn or ATTENI VS A15 (4)



VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2633 CERTIFICATE OF DEATH

Neg. Dist. No.

1. PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CAY DR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b (URAL ond give nearest to in)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL Af not in Asspital, give street oddress) OR/INSTITUTION LENGUE	d. STREET ADDRESS ON A FARM? YES \(\) NO
3. NAME OF DECEASED (Type or print) First Middle First A Middle F	Lost 4. DATE Month Day Year OF DEATH 3 - 9 19 5
Femule 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Sept 3-1907 9. AGE (In yeors lost birthdoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done tob, KIND OF BUSINESS OR INDU- during most of working life, even if retired)	Benedict Md. 4.S.A
Teo G. Springfield	14. MOTHER'S MAIDEN NAME Hurley
15. WAS DECEASEDEVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. (If yes, five wor or dates of services)	Levige a. Simmons (2)
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PEM 1/3	INTERVAL BETWEEN ONSET AND DEATH 73 HOUR
Conditions, if any, which) OUE TO Conditions, if any, which) OUE TO	PHROSIS ENKNUM
gove rise to immediate coese (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
3 HEPATITIS INFECTI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work 10 to work 10	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot actory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 1927, and that death	16, 1928 to 3/9, 1957, that I last saw the deceded of a coursed at 2307 M, from the causes and an the date stated about
ACTUAL SIGNATURE SULVEY SBEEK	ADDRESS (Street, city or town, stote) DATE SIG
PHYSICIAN'S NAME (Type)	ANAAPOJIS, MO
229 BYRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 3-12-59 Helere	or CREMATORY 22d. LOCATION (City, town, or county) (Syste)
23 JUNERAL DIRECTORIS, SIGNATURE LOS COURSESS CONTRESS	24g. REC'D BY REGISTRAR 24b. REDISTRAR'S SIGNATURE DATE 1 2 59

	MADRITAD ESDE
	The sum of the state of the sta
	The state of the s
Special Set you call (asset). Set 1	

1 ,		MARYL	AND STATE DEPARTM	LENT OF HEALTH	BALTIMORE, 18	02681
61	78	2634	CERTIFIC	ATE OF DEATH	Reg. Di	
Page director	25	ACE OF DEATH COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution: Residen	ce befare admission)
ath.		CITY OR TOWN (If autside carparate limi RURAL and give nearest tawn)	s, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autsic	de carporote limits, write RURAL ond	give nearest tawn)
er de		Annapolis		* Marley (Glor Burnie P.O.)	
rs of	63	NAME OF HOSPITAL (If not in hospital, good Institution Anne Arundel Gene:		d. STREET ADDRESS	Weck Road	e. IS RESIDENCE ON A FARM? YES NO
24 hav		ME OF Fir		7.1	DATE Manth OF	Day Year
fille		pe or print) Floa	rence Ann	DIIL OIL	DEATH March 12	19 59
with Potely		remale White	7. MARRIED NEVER MARRIED NO WIDOWED DIVORCED	B. DATE OF BIRTH March 11. 1959	last birthday) Manths	Doys Hours Min.
ompl		SUAL OCCUPATION (Give kind of wark of uring mast af working life, even if retired)	dane 10b. KIND OF BUSINESS OR INDU			IZEN OF WHAT COUNTRY?
an po		None		Annapolis		
on o		THER'S NAME		14. MOTHER'S MAIDEN NAM		
ficat nysici ave aurs		William Franklin AS DECEASED EVER IN U. S. ARMED FOR		Ruth	Elaine Ross	
certing ph		(If yes, give war or dates of se			rley Park, Glen Bu	imie. Md.
eath endir lease thin		. CAUSE OF DEATH [Enter anly one ca	use per line far (a) (b) and (c).]		and a desire	INTERVAL BETWEEN
he d e atte en p		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Remotiere	te		TT HO BEATH
by th Th	0	176 X DUE TO	Chulman	Caux.)		
ned termit	0	Canditians, if any, which barries to immediate DUE TO	C		*	
an. sit p		ause (a), stating the <u>under-</u> DUE TO ying cause last.				
he law physici nas beer rial-tran	6	PART II. OTHER SIGNIFICANT CON	ditions <u>contributing to death</u> bu	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
tending ificate I the bu		IG. ACCIDENT WAS UNDERLYING AR CONTRIBUTING CAUSE OF DEATH E EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	I ar Part II of item 18.}	
PHYSIC at ar at this cert r use as ematian		c. TIME OF INJURY Manth, Day, Yeo Hour o. m. p. m. 19	or 20d. INJURY OCCURRED While Nat while at wark at wark	ACE OF INJURY (Hame, farm, 2 ctary, street, affice bldg., etc.)	20f. (City ar tawn) (C	Caunty) (State)
aspit fter of fa		I. I certify that I attended the	deceased fram 3/11	, 1959, to 3	112 , 195 9 hat I la	ist saw the deceased
he he A		live on March ()	12 5 7 , and that death		fram the causes and an the	
OR ATT d by t KECTO d be det prior to	,	CTUAL COLOR H-1	liederson	M.D. 44 Servel	FESS (Street, city or town, state)	maflisher 3/1
re're're're're're're're're're're're're'r	-/	AYSICIAN'S AME (Type) Dr. Albert	I. Anderson	_ lili Southga	te Ave., Annapoli	s. Md.
HOSPI oy be FUNER age 3 s		URIAL, CREMATION, 22b. DATE THEREO			I. LOCATION (City, tawn, ar caunty)	(State)
o HO may O FUN page	5/1	Service / furch 14/1.	ADDRESS	~	Glen But-nity	Md
VS A1S (4)	0	V Sealely	Elen Butnig	24a. REC'D BY		
15M 9/5B	Ol	20631221	V/	/ · · · Dureull ·	Commy J. 7	hand
	7	a cooliacy	V			

DEREA Control and the second The state of the s . The state of the AND AND AND WALL TO

調

00

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18

	190Co						
	2693 CERTIFICAT	E OF DEATH	Reg. Dist. No	02682			
	PLACE OF DEATH COUNTY CHARLE Crundelmaryland 2.	USUAL RESIDENCE (Where deceased o. STATE	Nived. If institution, Residence before b. COUNTY	ore admission)			
	C. LENGTH OF STAY IN 16 RURAN ond give represt fown)	c. CITY OR TOWN IN outside corpor	ote limits) write RURAL ond give ne	orest town)			
(NAME OF HOSPITAL (If not in hospital), give street oddress) ON INSTITUTION SALE 436	Loute 1 B	Lay 436	e. 15 RESIDENCE ON A FARM? YES NO			
	NAME OF DECEASED Type or print) V101a Middle Ste	Prey 4. DATE OF DEATH	3 3	oy Year 1 1954			
S.	emale Col, WIDOWED DIVORCED 1/	2-19-1894	9 AGE (In years IF UNDER 1 YEAR lost birthgay) Months Days	Hours Min.			
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if telired)	11. BIRTHPLACE (Stole or foreign co	2 Mai 12. CHIZEN	of What Country			
13.	Charles Stall	Marchae Marchae	Smith				
1S. IYe	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	RMANT L Johnson	Millersv	ille m			
	18. CAUSE OF DEATH [Enter only one couse per life for (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	ando The		TERVAL BETWEEN			
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter nature of injury in Part I or Part	II of item 18.)	5000			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40 foctory 20e. PLACE foctory 20e. m. 19 of work 10	OF INJURY (Home, form, 20f. (City of, street, office bldg., etc.)	or town) (County	(State)			
	21. I certify that I attended the deceased from $G-LL \rightarrow F$ alive an $3-3-5-9-19$, and that death ac		the causes and an the do	aw the decease ate stated above DATE SIGNE			
	SIGNATURE B / LUCY M.D	UL Colles	del 27				

PHYSICIAN'S NAME (Type) LEN

ADDRESS

LAZE NAME OF CEMETERY OR CREMATORY 229 JURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

NERAL PIRECTOR'S SIGNATURE

28d. LOCATION (City, town or county)

24a. REC'D BY REGISTRAR DATE APR 3 159

24b. REGISTRAR'S SIGNATURE

(State)

VS A15 (4) 15M 10/57

and the second of the second o			MARYBAM	
			2693	
		35-1		
		Carried with Figures 17 of State Control		
A 10 2 2 2 2				
	TO CHARLEST AND THE STATE OF TH	No his pression		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2694 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY A. A. Co. o. STATE Md. b. COUNTY A. A. Co. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ordhancogi Ragores Curtis Bay life Curtis Bay d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS Ordnance Road 3. NAME OF Middle 4. DATE Stoll DECEASED Stella Hammond March 20. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years birthdoy) Female Months Days white Dec. 2, 1879 WIDOWED TO DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

ON A FARM? YES NO 1059 IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) A. A. Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Camsadel Shipley John T. Hammond GlenBurnie IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) Mrs. Dorothy S. Oxley 1004 Stewart Lane Md . 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while of work of work p. m. 3-20 - 1959, that I last saw the deceased 3-14- 1959 to 21. I certify that I attended the deceased from.... , and that death occurred at 12.454M, from the causes and on the date stated above. olive on ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S Louis Glass M.D 320 Patapsco Ave. NAME (Type) 220. BURIAL CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION, STORM DATE THEREOF BURIAL (REMATION) 22b. DATE THEREOF Codar Hill

22c. NAME OF CEMETERY OR CREMATORY Codar Hill

23. FUNERAL DIRECTOR'S SIGNATURE

John O. Mitchell & Sons Inc. 1900 Eutaw Place

240. REC'D BY REGISTRAR MAR 2 3 '59

A. A. Co.

24b. REGISTRAR'S SIGNATURE
CITTLING & Kraya

Md.

VS A1S (4) 15M 10/57

of the sal		Mado 41		
			• 55 a 4	
	70.00	110		
	and fact the same			
de la linear		de la companya de la		
	, , ,		we full	A Long
				American
	of the Property of a			
	osali a di asi		.4 3002	
		M Yenrad Wases,		

VS A15 (4) 15M 10/57

	071
	(7)
	-
1.5	/

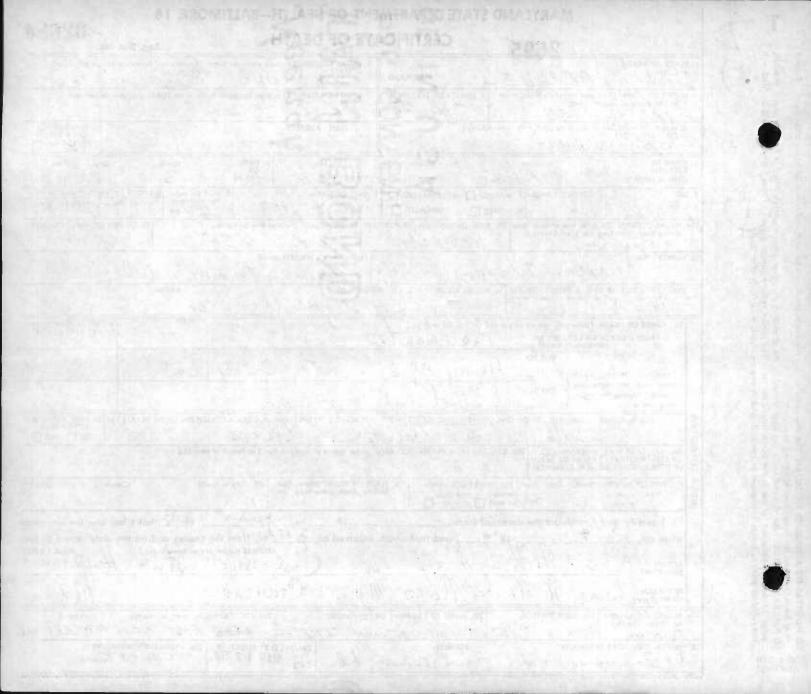
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2605 CERTIFICATE OF DEATH

Reg. Dist. No.

02684

	Keg. Dit	
1. PLACE OF DEATH O. COUNTY OF ARUNDEL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Resident o. STATE b. COUNTY b. COUNTY DORCE	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ARO WINSVILLE MORELLA	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION CRUNSVILCE	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle OCCEASED (Type or print) PUING	Lost 4. DATE Month OF DEATH 3	Day Year 19 19 19
S. SEX A COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH See 14, 1909 9. AGE (In years IF UNDER lost birthday) Manths Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Of particular and some state of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
13. FATHER'S MAME Charles Thomas (Dec)	14. MOTHER'S MAIDEN NAME Thomas (De	lea,)
Yes, no, or unknown) I III was give wor or dotes of services	HOSPITAL RECORDS	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Q L A D A T	S	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO Hemiples 12	hest surgical.	
gave rise to immediate couse (o), stoting the under-lying cause last. DUE TO (c) Sub-dura	Hygromd.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 29 X Y PA (3 TO CONTRIBUTING TO DEATH BUT 20 ACCIDENT WAS UNDERLYING TO DEATH 20 ACCIDENT WAS UNDERLYING TO DEATH 20 ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 While Not while at work of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (C	ounty) (State)
21. I certify that attended the deceased fram.	A 14 NI /	ast saw the deceased
ACTUAL SIGNATURE X AVAILABLE STENATURE	M.D. ADDRESS (Sweet, city or town/stote)	HOSPITAL SIGNED
PHYSICIAN'S LION et Al Henry Mapp 1	10 Crownrulle,	Md.
270. BURIAL CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OF		(Stote) NARKET MD
23. FUNERAL DIRECTOR'S SIGNATURE & Son Feder alsburg	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	0 1 1



VS A15 (4) 15M 10/57

		F	1
		8	
4	11/1	1	

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2696 CERTIFICATE OF DEATH

Reg. Dist. No.

	n	2	f	5	1
_	4 3	-	1	10	

1. PLACE OF DEATH o. COUNTY Anne Arun	2.	USUAL RESID o. STATE Maryls		here decease	b. cot	JNTY	Residence t		ission)			
RURAL and give ne	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville c. LENGTH OF STAY IN 1b Imo 7days						outside corpo	orote limits, w	rite RUF	RAL ond give	nearest to	wn)
OR INSTITUTION	AL (If not in hospitol,) Le State He			1	d. STREET AD	DRESS	Box 2	6			ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fi	nst ames	Middle	-11	Lost Wa.	rd	4. DATE OF DEATH		Month	4 6	Day	Yeor
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	100	ATE OF BIRTH			9. AGE (In)	rears III	FUNDER 1 Y		
MALE 10a. USUAL OCCUPATION	Negro	WIDOWE done 10b.	D DIVORCED THE	USTRY	rch 2			74 country)	yrs.	12. CITIZEI	N OF WHA	AT COUNTRY?
Unknown	ing life, even if retired	()			C 5 11 P + 600	rgini					U.S.A	
13. FATHER'S NAME John Wa.	rd			14	MOTHER'S		NAME					
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	RCES? 16. 1	SOCIAL SECURITY NO. 17.	Ho	emant spital	Reco	ords		Addres	.5		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), ond (c).] ypostatic Pne	umo	nia						NTERVAL E	ETWEEN D DEATH
Conditions, if or	mmediate (A	ortic Insuffi	cie	n cy							
lying couse lost.	ne under-) S;	yphilitic Car									
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BE	TON TU	RELATED TO	THE TERM	INAL DISEAS	E CONDITION	N GIVEN	IN PART 1(c	PERF	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	nter noture of	injury in	Part I or Par	t II of item 18).)			
20c. TIME OF INJUR Hour o. m. p. m.		While			OF INJURY (H street, office			y or town)		(Cour	(עווי	(Stote)
21. I certify the	at I attended the	decease	ed from 2/5 2, and that deal	th occ	, 1959	5 35 F	5/12 • M. from	, 19	59,	that I last	t saw the	deceased
ACTUAL SIGNATURE	il ell	eili	DM.	_ M.D.			ADDRESS (S	tate He	own, sto	ote)		DATE SIGNED
PHYSICIAN'S NAME (Type)	Lins	ENB	DIET M. 1)	Cro	msvi	lle 5	tate H	ospi	tal, Mo	d.	3/13/59
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	OF .	22c. NAME OF CEMETERY		EMATORY		22d. LOCA	TION (City, to	wn, or	county)	(Sto	ote)
Burial 23. FONERAL DIRECTOR"	3/15/59)	John Wesle	ey				erbury		Md.	THIRE	
William	Leese	7	anna. M	d.		24a. REC'	D BY REGIST	18AR 24b.		Chun S. +		

		A
Sant at		3513
4		
4 N 0	The state of the s	
	West of the second	
	ment of the barrier and the	
W	SHELLIAVE STORY	
. ,		

Pag		direc	69	-
J. Hic		rolo	E S	
dec		fune	JIG L	-
after		4	Ì)
ULS		9	P	
4 ho		.E	1 0	
In 2		fille	ges	.10
With		tely	Po	ï
90	,	P	Sers.	
xecu		l cay	d	Hico
e ec		out	pan.	br d
ate L		cian	CO	t oft
T I		hysi	nave	SHOP
Cer		ng p	e rer	72 1
eath		endi	leas	thin
ne d		oth	d ua	im to
-		y the	4	aver
es 1		Q P	m.	VOD
901	.2	igne	per	1
× re	Cian	en	ansil	Onc
e la	shysi	s pe	al-tr	- DAG
-	Bu	e ho	buri	reme
Z	endi	fical	the	20
ואכו	ratt	certi	9 05	fion
T.	olo	this	r US	- mar
2	ospil	fter	og po	S. C.
ENG	he h	R: A	ache	burie
4	by tl	010	det	10
Š	ped		000	Drigg
AL	etail	AL	JOOL	ror
27	pe r	NER	3 2	Acist
1	nay	FU	oge	he re
I G MOSTIAL OR ALIENDING PHISICIAN: the law requires that the death certificate be executed within 24 haurs after death. Pag	To.	CTOR: After this certificate has been signed by the attending physician and capacities in by tuneral girec	page 3 shawly are detached for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and Juld be filed to	other
1	5 M	A 15	(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02686 Rea. Dist. No.

	2697		CERTIFIC	ATE O	F DEAT	H		Reg. Di	st. No.	RYA	
1. PLACE OF DEATH o. COUNTY Anne Arund	əl		MARYLAND	2. USUA o. STA	RESIDENCE (W	here decease	d lived. If institution			odmiss	ion)
b. CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CIT	OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give near	est town	1)
RURAL ond give nee			8me 11 days		altimor			3 Va		2	
d. NAME OF HOSPITA		give street o			EET ADDRESS					. IS RES	IDENCE
OR INSTITUTION Crownsvill	State Ho	sni ta		61	y N. Fr	emont	Avenue				FARM?
3. NAME OF	Fi		Middle		Lost		Mon	4L	Day		Year
(Type or print)		ohn	Nathanie		Waters	4. DATE OF DEATH		3	4		19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED 🖪 NEVER MARRIED 🗌	B. DATE OF	BIRTH		9. AGE (In years lost birthdoy)	Months	Doys I	F UNDI	Min.
Male	Negro	MIDOWE		8/6/	92		66 yrs.		boys	110015	will,
during most of working Receiving F.	ng life, even it refired	done 10b. K	(IND OF BUSINESS OR INC		RTHPLACE (Stoke	2.1	ountry)	12. CIT	U.S.		COUNTRY
13. FATHER'S NAME				14. MOT	HER'S MAIDEN	NAME					
John Wate:	rs			G	eorgian	na.					
15. WAS DECEASED EVER			OCIAL SECURITY NO. 17.	INFORMAN			Addi	ress			
Yes, no. or unknown]	f yes, give war or dates of s	ervice) 2	18-10-9883	Hospit	al Reco	rds					
18. CAUSE OF DEAT	TH [Enter only one co		e for (o), (b), and (c).]	*					INTER	VAL BE	TWEEN
	H WAS CAUSED BY:		neumonia								DEATH
540.0	DUE TO										
Condition it as			st Surgical	- Pent	ic Ulcer						
Gonditions, if on	mediate	-	19 Durgroup								
couse (o), stating to	he under-										
	FR SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BE	IT NOT DELAT	ED TO THE TERM	UNIAL DISEAS	COMPINAL CITY	F1. 0.00		VALAC	ALITOREY
002			ary Tubercul		ED TO THE LEKY	MINAL DISEAS	E CONDITION GIV	EN IN PAR		PERFO	RMED?_
20a. ACCIDENT WAS					,	0-11-0-1	10 -6 '6 - 10)			YES [но 🖺
OR CONTRIBUTING	CAUSE OF DEATH	200. DESC	RIBE HOW INJURY OCCUR	CED. (Enfer no	ture of injury in	Port I or Port	f II of ifem 18.)				
	Month, Doy, Ye			PLACE OF INJ	URY IHome, form	n, 20f. (City	or town)	(0	County)		(Stote)
Hour p. m.	19	While of work		and	office bldg., etc	c.)					
21. I certify the	Vattended the	decease	d from 6/23	10	58 10 3	/4	1059	that I I	last sax	45-0	deceased
alive on 3/	W ldb	/ 10	59 Jand that dea	th accurre	at 9:45	Park	- the	a, mai i i	1031 301	v ine	deceased
1	11111		The state of the s	iii accorre	a distriction	ADDRESS (SI	n the causes a	ina an ii stote)	ne date		ate signed
ACTUAL SIGNATURE THE	melin	Emi	7/1/app.	M.D. Cr	ownsvil		te Hospi		d.		5/59
PHYSICIAN'S Li	onel McHen	ry Ma	pp, M. I.	Cr	ownsvil	le Sta	te Hospi	tal,M	d.	3/	5/59
220. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	F	22c. NAME OF CEMETERY	OF CREMATO	RY	22d. LOCAT	TION (City, town, o	or county)		(\$101	e) /
16 Mill as	3/1/3	7	1664 Click	curry	,	1. Ja	Cleere.	ne		00	100
23. EUPTERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	4 3 (240. REC	D BY REGIST	RAR 24b. REGIS	TRAR'S SIC	SNATURE		
(Kaill	of the	ec (56/10/20	cle .	DATE	MAR 1 2	'59 (Inthun .	9 th.	44	

	HTASU TO THE	DRIVED - 1		
			THE STATE OF	A. Ingar
	omicyl three as a search		O DESCRIPTION	
	1000		24.04	
t 5 - 4	feet and			. Service
				AL
	THE STATE OF			
	ambigued med Company			

63

I

2

de

VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

nerson

		2635 ME	DICA	LEXAMINI	ER'S	CERTIFICAT	TE OF DE		Dist. No	· · · · · · · · · · · · · · · · · · ·
	LACE OF DEATH					2. USUAL RESIDENCE (V	Where deceased live	d. If institution: Res	idence bef	are admission)
0	COUNTY	Anne Arunde	1	MARY	LAND	o. STATE Mary		L COUNTY		undel
Ь	CITY OR TOWN	If outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corporate	limits, write RURAL	ond give no	earest lawn)
	and give nearest tow	Annapol	B		17.1	// Annar	polis			
d	NAME OF HOSPI	TAL OR INSTITUTION (ital, give street address	3)	d. STREET ADDRESS				e. IS RESIDENCE
		Anne Arunde			-	/				YES NO
	NAME OF	Fire	ıt	Middle		Lost	4. DATE	Month	Day	Yeor
	Type or print)	C.	mar	V		WELLS	DEATH	March	16.	1959
5. S	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH	9. AG		ER TYEAR	IF UNDER 24 HRS.
		0-7	WIDOWED			9/5/05	foot	53 yrs. Months	Days	Hours Min.
	emale	Colored				RY 11 BIRTHPLACE (Stote	er foreign country)		ITIZEN OF	WHAT COUNTRY
d	uring host if warki	ing life, even if retired)	0 -	140 OF 803114233 OK		a.a.	o. Me	1. 1	1.5	3 : A :
18	FATHER'S MAME	and the		7		14. MOTHER'S MAIDEN I	NAME)		
6	belie	Stesk	24/	Trown	1	Cinn	el /9	Drow	21	
15.	WAS DECEASED E	VER IN U. S. ARMED FO (If yes, give war or dales of	RCES 16.	OCIAL SECURITY NO.	17. IN	Pest S	rells	- Cum	17	nd.
*	10 CAUSE OF DE	ATH [Enter only one cau	se ner line l	or (a) (b) and (c) }	4			0-1-1	INTER	IVAL BETWEEN
		ATH WAS CAUSED BY:						and Company	ONSE	T AND DEATH
	054	IMMEDIATE CAUSE (0)			ane	sthesia with	pentotna	ar and		
	7341	2010000	nitr	ous oxide.					-	
	Conditions, if									
	gove rise to imme									
	couse fast.	(c)								
ATION	PART II, OT		DITIONS CO	NTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	IINALDISEASE CON	DITION GIVEN IN I		9. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAPRIMARY Or CC	ONTRIBUTING [b. DESCRIBE	HOW INJURY OCCUP	RRED. (E	nter nature of injury in Par	rt I or Part II ol iter	n 18)		
	20c. TIME OF INJU	URY Month, Day, Yes	or 20d. 1	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, form	m, 120f. (City or to	wn) ((County)	(State)
EDICAL	Haur o. m		While	Not while	facto	ory, street, office bldg., etc	:.)			11 11 11 11
×	p. m		of wo				i			
	21. I certify	that I taok chorge	of the r	emains described	q apo	ve, held on Autops	sy X, Inspec	ction [], Inq	uiry [, ond in my
	opinion death	resulted from:	Natural o	ouses . Accie	dent [K, Suicide ,	Homicide	Undetermine	d monne	er 🔲
0		1.1 -11	la	1 1						
1	ACTUAL	//Cussell	NY	when		M.D. CHIEF MEDICAL E	XAMINER 🔯			DATE SIGNED
12	SIGNATURE	7 - 37 0	m 2 - 1	W D		ASSISTANT MEDIC	AL EXAMINER			3/17/59
	EXAMINER'S NAME (Type)	Russell S.	r is nei	., M.D.		DEPUTY MEDICAL				אבן ובונ
220		ION, 226. DATE THERE	OF.	220 NAME OF CEMET	ERY OR	CREMATORY A	226 VOCATION	City, town, or count	ly) .	(S!o)()
1	PEMOVAL (Specif	1 2-10-	.59	Brown.	2)	7/18	1/1m	moral,	1)	m.
22	FUNERALIDIRECTO	DE'S SIGNATURE	0/	ADDRESS	0	240 BEC	D BY REGISTRAR	246 REGISTRAR'S	SIGNATU	RE
13	Much	A SIGNATURE A	(1 1	1 - Sm () M	AR 1 8 59	11 arthur	8 46	
1	rulle	am Del	se,	12 - 00	1	191 HOLDATE			EF 1.514H	r (JUL)

The transfer of the Control of the C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2698 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND A.A.Ct. Md. Anne Ar. County b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) P Orchard Beach Pasadena Md. Orchard Beach Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Seabreeze Dr. YES NO-2 NAME OF 4. DATE First Middle Month DECEASED OF March 159 Rosalie Wert (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Davs Hours white female WIDOWED T DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S.A. Housewife Balto. Md. puo corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. Hubbard Rose Fitznatrick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Nallace Nert 7912 Seabreeze Dr. none attending no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) a 202420 DUE TO permit. Canditions, if any, which gave rise to immediate DUF TO cause (a), stating the underpuo lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. ft. While Not while of work at work p. m. ATTENDING I by the haspito CTOR: After th 1954 that I last saw the deceased 21. I certify that I attended the deceased from, Land that death occurred at 1.30 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) det ACTUAL SIGNATUR PHYSICIAN'S the registrar TO FUNERAL NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) of North Ave. Baltimore Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 (4) 1216 S. Charles St. DANHAR 3 0 '59 arily & Three Mario O. Kranze

	in the same of	FOR STRUCK		
			nick Grant of a Tax	
		AUSTRAL		
displacement of a line variety of the first of the same of the sam				
			100	
			\$5USAHOIC ET	other well a

H

10

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 2600

02689

4033				Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	here deceased lived. If institution b. COUNTY	on: Residence before admission) more City
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b		outside corporate limits, write RI	
RURAL and give nearest town) Crownsville	lmo 5days	Baltimore		3 V 0 / - 1/-
d. NAME OF HOSPITAL (If not in hospital, give street of NAME OR INSTITUTION	oddress)	d. STREET ADDRESS	134	e. IS RESIDENCE ON A FARM?
Crownsville State Hospit	al	407 N. Pa	ayson Street	YES NO
3. NAME OF First DECEASED (Type or print) Louven	Middle	williams	4. DATE Mont OF DEATH 3	th Day Year 10 19 59
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	The second state of the se	B. DATE OF BIRTH	9. AGE (In years last birthdoy) 63 yrs.	HONDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOMESTIC	KIND OF BUSINESS OR INDUS	Washingt		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
"Richard Herring		Rosie	\$	
(Yes, no or unknown) (If yes, give war or dates of service)		ospital Recor	Addr	ess
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under lying couse lost. (c)	Cardiac Decomp			ONSET AND DEATH
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease condition givi	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🕮
206. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in	Part 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while fac	ACE OF INJURY (Home, forn ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify that attended the decease alive an 3/10 19.	, -			,that I last saw the decease
ACTUAL SIGNATURE & Clickel & Chickel	7/1/2/h.		le State Hospi	- 1 - 1 -
PHYSICIAN'S Lionel McHenry I	Марр, М. и.	Crownsvil	le State Hospi	tal, Md. 3/10/5
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) March 14,59	Mt. Aubu		22d. LOCATION (City, town, o	r caunty) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Mus I Cat. R. William	ADDRESS 32	Zer & DATE AR		TRAR'S SIGNATURE

may be retained by the haspital ar attending physician.

TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shaw the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 1SM 10/57

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

VS A1S (4) 15M 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2700 CERTIFICATE OF DEATH

Reg. Dist. No.

02690

- 6	key, Dist, No.
	1. PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RNRAL and give nearest tawn) RURAL and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street eddress) OR INSTITUTION ON A FARMY, YES NO [1]
	3. NAME OF DECEASED (Type or print) Carpended Majorle of DEATH March 1959
	5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED WORLD 29 1890 6 8 yrs. WIDOWED DIVORCED WORLD 29 1890 6 8 yrs. Windows Win
	10a. USUAL OCCUPATION (Give kind of wark done done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Constitution of the local country of the
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOWE
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wes. no/or unknown] (If yes, give wor or apries of service) When the second the service of the service
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH
	Canditions, if any, which gave rise to immediate (b) Authorizable (b) Authorizable (c) Daylorde
	lying cause last. (c) DUE TO (c) Correction Corre
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
- 1	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while at work at work at work 19 at work 19 Not while at work 19 Not work 19 Not while at work 19 Not wo
	21. I certify that I attended the deceased fram. 1955, 19, to 1957, 19, that I last saw the deceased alive an 3-757, 19, and that death accurred at 1/AM, fram the causes and an the date stated above.
	ACTUAL SIGNATURE POLICY PARTY SUPER STORES (Street, city or town, state) ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE 3 - 9 -
	PHYSICIAN'S Robert R. Haling. Well
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State)
	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE MAR 1 2 '59 Culling & Kraus

	HO STADE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNER. RECTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 sh, as be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 a should be filled with the registror prior to burial, cremation, ar remayol, and in any event within 72 hours ofter death.	
24 hours after death.: ed in the funeral di	
24 hours after deat ed in the funeral	
24 hours after ed in the fu	
ed in	
24 hour	
2 P-	
E 2	
ithir Pog	
plets.	
com com ath.	
on de	
e be	
ficot ysic ove	
g ph rem	
oth ndin	
op of the	
the Ther	
tho hit.	
gned pern in a	
red ion.	
low been been litro	
The g ph hos	
ndin cote	
offe offertiffi os th	
HY I or use use	
for for	
Afriched	
TTE	
REC be	
r pr	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requestion be retained by the hospital or attending physician. O FUNER RECTOR: After this certificate has been signage 3 ships a bedetached for use as the burial-transit pithe registrar prior to burial, cremation, ar remaval, and it	
HOS by b HUN ige	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute may be retained by the hospital or attending physician. TO FUNER. RECTOR: After this certificate has been signed by the ottending physician and compage 3 shall be detached for use as the burial-transit permit. Then please remove carbon paper the registrar prior to burial, cremotion, ar remayol, and in any event within 72 hours ofter death.	

VS A15 (4) 1SM 9/5S

		2000		CERTIF	ICA	TE OF DE	AII			Reg. Dist.	No.	10001
	PLACE OF DEATH	nne Arundel		MARYL	AND	2. USUAL RESIDENCE O. STATE	ce (who	ere deceased	lived. If instituti b. COUNTY		rund	mission)
	B. CITY OR TOWN (RURAL and give n	m . It .	rrite c. LENG	TH OF STAY IN		c. CITY OR TOW		dentor		RURAL ond give	nearest f	own)
	d. NAME OF HOSPI	Arundel Gener	. 11	riful		d. STREET ADDR	ESS	154 5	+ .		10	RESIDENCE N A FARM? NO
	NAME OF DECEASED (Type or print)	Charlie Charlie	2	Middle E.		YOUNG		4. DATE OF DEATH	Marc		Day 2,	Yeor 19 59
5. 3	MALE	6. COLOR OR RACE 7.	MARRIED N	IEVER MARRIED DIVORCED	CE	23 Dec	58		 AGE (In years last birthday) yrs. 	Months Da	ys Hou	
10a		ON (Give kind of work done king life, even if retired) W	10b. KIND OF	BUSINESS OR None	INDUS	Baltime					NOF WE	HAT COUNTRY?
13.	FATHER'S NAME Edw	ard Young				14. MOTHER'S MA	1	IAME V.	COLE			
	WAS DECEASED EVE	R IN U. S. ARMED FORCES (If yes, give war or dates of service	16. SOCIAL S		17. IN	mother		SAM	EAS \$	ress × 2		
NO	754, 2 Conditions, if a gove rise to it couse (a), stating lying cause lost.	mmediate (DUE TO	Congenitions contributions	tal Intra	ventr	ricular septa			Involve G	Myper temp	m 51	4 MRS wice birth
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING (206) CAUSE OF DEATH MEDICAL EXAMINER)		OW INJURY OC	onge.	nital horse. (Enter noture of inj	Sho c	Port I or Port		<u> </u>		RFORMED?
MEDICAL	20c. TIME OF INJUI Hour o.m. p.m.		20d. INJURY OF	t while		CE OF INJURY (Hom lary, street, affice blo			or town)	(Cou	nty)	(State)
	21. I certify II alive on	anus I fu	ceased from 19 59	n 23 F., and that o	eb death	, 19 <i>59</i> , 1 occurred at <i>9</i>	:151	M, from	n the causes reet, city or town ESTATES	and on the		
	PHYSICIAN'S NAME (Type)	JAMES 1. HU	JOSON, J	IR.		£0	GEU	IATER	, Mo.			
23	BURIAL CREMATIC REMOVAL (Specify BUTIAL JUNEAL DIRECTOR TOPPING FU	March 5.19	959 Hil	lcrest DRESS lis, Md	Memo	orial Ceme	to. REC'I	Annap D BY REGIST	RAR 24b. REG		ATURE	Stote)

TE OF DEATH	ADRITINGS	2636
	en moi	
J = f		
6	· Ser ,	

s necessary, please al director. Page or your files.

execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should provorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained of PUNERA JRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, cremation, or removal, and in any event with 72 hours after death. 0

0

2

TVVVVVVXVV

4 shauld 70 FUNERA 0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 27 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02692

	6444							keg. Dis	1. 140.	
1. PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If instit		ce before adr	nission)
Anne Arundel			MARY	LAND	Same	S	9. CO014	"		
b. CITY OR TOWN (If outside or and give nearest town)	orparate limits, write	RURAL	c. LENGTH OF STAY I	IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write	e RURAL and	give neorest t	own)
Severn			2 weeks		× Same					
d. NAME OF HOSPITAL OR	- 4		tal, give street address	5)	d. STREET ADDRESS				10	RESIDENCE
Old Quate					Same				YES [NO
OF DECEASED (Type or priDenise I	Dianne Y		Middle		Lost	4. DATE OF DEATHM	Mon arch 26t		Doy	Yeor 19 50
			NEVER MARRIED	17 8. D	ATE OF BIRTH		P. AGE In years	IF UNDER 1		DER 24 HRS
F. W.		WIDOWED		0 1	/25/59		lost birthdayf	Months P	ays Hours	Min.
On USUAL OCCUPATION (Give	e kind of work de	ane 10b. Kit	ND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign con		12 CITIZ	EN OF WHAT	COUNTRY
during most of working life, a	even if refired)		None		Bowling G	.,			SA	COUNTR
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
William Young					Ruth Tay	lor				
15. WAS DECEASED EVER IN U	. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.	17. INF	DRMANT	101	Address			
Yes, no, or unknown) (If yes, 9	ive war at dates of se	rvice)	02.00 110.	_						
0				Mer	geant and l	Mrs.Wm.	Young (parent	3)	
18. CAUSE OF DEATH [Ent	er only one cous	e per line fa	r (a), (b), and (c).]					10,270	INTERVAL BETY	or the
I . O ONO SE OF DEATH [CIT									PILICAL ARISE	MAH.
PART F. DEATH WAS	CAUSED BY:	0	Footton					090000	The second second	
PART F. DEATH WAS	CAUSED BY:	Suf	focation					100TOA	Sudd	4.2 T
PART F. DEATH WAS		Suf	focation						The second second	- 6.0
PART F. DEATH WAS IMMEDI	DUE TO	Suf	focation						The second second	4.13 <u> </u>
PART F. DEATH WAS	DUE TO	Suf	focation						The second second	P.13
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate ca (a), stating the underly	DUE TO	Suf	focation						The second second	
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate co	DUE TO	Suf	focation						The second second	
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate ca (a), stating the underly cause tost.	DUE TO hich luse DUE TO DUE TO (b) DUE TO (c)			1 BUT NO	T RELATED TO THE TER!	MINAL DISEASE	CONDITION GI	VEN IN PART	Sudd	AUTOPSY
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate ca (a), stating the underly cause last.	DUE TO ich ing DUE TO Column (c) NIFICANT CONDI	ITIONS CON	ITRIBUTING TO DEATH					VEN IN PART	Sudd	
PART f. DEATH WAS IMMEDIA 9 2 440 Conditions, if ony, wh gove rise to immediate ca (a), stating the underly cause tost.	DUE TO ich ing DUE TO Column (c) NIFICANT CONDI	ITIONS CON	ITRIBUTING TO DEATH	RED. (Ente	er noture of injury in Po	ort I ar Port II o	f item 18.)		Sudd	AUTOPSY ORMED?
PART f. DEATH WAS IMMEDI 9 2 40 Conditions, if ony, wh gove rise to immediate ca (a), stating the underly cause tast. PART If, OTHER SIGN PRIMARY DOOR CONTRIBUT CAUSE OF DEATH.	DUE TO DUE TO STORY DUE TO (c) NIFICANT CONDITION STORY Baby	ITIONS CON	ITRIBUTING TO DEATH	RED. (Ente	er noture of injury in Po	ort I ar Port II o	f item 18.)		Sudd	AUTOPSY ORMED?
PART I, DEATH WAS IMMEDIA PART II, OTHER SIGN PRIMARY D. CONTRIBUT CAUSE OF DEATH.	DUE TO ich lose lose lose lose lose lose lose lose	DESCRIBE H	HOW INJURY OCCUR	RED. (Ente	t contact of Injury in Po	ort ar Port o	f item 18.)		Sudd	AUTOPSY ORMED?
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS IMMEDIA Conditions, if ony, wh gove rise to immediate co (a), stating the underly couse tosl. PART If, OTHER SIGN PART IF, OTHER SIGN PART WAS COUNTED TO THE SIGN TO THE OF INJURY HOUR G. M.	DUE TO ich ling DUE TO (c) NIFICANT CONDI S Anoth, Day, Year	DESCRIBE H	HAS 10 DEATH	RED. (Ente	t contact of injury in Poor INJURY (Home, for, street, affice bldg., et	ort I ar Port II o	fitem 18.) p1110w or town)	(Coun	Sudd	AUTOPSY ORMED?
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS IMMEDIA Conditions, if ony, wh gove rise to immediate co (a), stoting the underly couse tosl. PART If, OTHER SIGN PART IF, OTHER SIGN PRIMARY DO CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. Undrown	DUE TO ich ling DUE TO (c) NIFICANT CONDI S ING Baby Month, Day, Year	DESCRIBE P S fac 20d. In While of work	HOW INJURY OCCURION OCCURION OCCURRED 20 AUGUST 20 AUGUS	RED. (Ente	t contact OF INJURY (Home, for, street, office bldg., et	with the	fitem 18.) pillow or town) Md	(Coun	Sudd	AUTOPSY DRMED? NO (Stole)
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS Conditions, if ony, wh gove rise to immediate co (a), stoting the underly couse lost. PART If, OTHER SIGN PART IF, OTHER SIGN PRIMARY DO TO CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY Hour g, m.	DUE TO ich ling DUE TO (c) NIFICANT CONDI S ING Baby Month, Day, Year	DESCRIBE P S fac 20d. In While of work	HOW INJURY OCCURION OCCURION OCCURRED 20 AUGUST 20 AUGUS	RED. (Ente	t contact OF INJURY (Home, for, street, office bldg., et	with the	fitem 18.) pillow or town) Md	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS IMMEDIA Conditions, if ony, wh gove rise to immediate co (a), stoting the underly couse tosl. PART If, OTHER SIGN PART IF, OTHER SIGN PRIMARY DO CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. Undrown	DUE TO bich bich ch ch ch ch ch ch ch ch ch	DESCRIBE PORTON OF THE PORTON	HOW INJURY OCCURION OF WAS IN A DIENT OCCURRED ON WORK OF WORK	irec irec foctory abave	t contact OF INJURY (Home, for, street, office bldg., et (Home)	with the	fitem 18.) pillow proven, Mo	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS Conditions, if ony, wh gove rise to immediate co (a), stoting the underly couse tosl. PART If, OTHER SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN CAUSE OF DEATH. 20c. TIME OF INJURY Hour o.m. Unknown 21. I certify that I to	DUE TO bich bich ch ch ch ch ch ch ch ch ch	DESCRIBE PORTON OF THE PORTON	HOW INJURY OCCURION OF WAS IN A DIENT OCCURRED ON WORK OF WORK	irec irec foctory abave	t contact OF INJURY (Home, for, street, office bldg., et (Home)	with the	fitem 18.) pillow proven, Mo	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS IMMEDIA PART f. DEATH WAS IMMEDIA PART f. Only, who gove rise to immediate ca (e), stating the underly cause tosl. PART If, OTHER SIGN PRIMARY Dor CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY A Hour a. m. Unknown 21. I certify that I to opinian death results.	DUE TO bich bich ch ch ch ch ch ch ch ch ch	DESCRIBE PORTON OF THE PORTON	HOW INJURY OCCURION OF WAS IN A DIENT OCCURRED ON WORK OF WORK	irec Place foctory irib abave	t contact OF INJURY (Home, for, street, affice bidg., etc.), sheld an Autaph, Suicide [],	with the mm. 20f. (City of Ic.) Set	fitem 18.) pillow proven, Mo	(Coun	Sudd	AUTOPSY DRMED? NO (Stole)
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS Conditions, if ony, wh gove rise to immediate co (a), stoting the underly course tost. PART If, OTHER SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN COUNTY TO THE SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN COUNTY TO THE SIGN PART IF, OTHER SIGN TO THE OF INJURY HOUR O. m. Unknown 21. I certify that I to opinion death results	DUE TO bich bich ch ch ch ch ch ch ch ch ch	DESCRIBE PORTON OF THE PORTON	HOW INJURY OCCURION OF WAS IN A DIENT OCCURRED ON WORK OF WORK	irec Place foctory irib abave	t contact OF INJURY (Home, for, street, office bldg., et (Home)	with the mm. 20f. (City of Ic.) Set	fitem 18.) pillow proven, Mo	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS PART f. DEATH WAS PART f. DEATH WAS Conditions, if ony, wh gove rise to immediate co (a), stoting the underly coure fost. PART If, OTHER SIGN PART IF, OTHER SIGN PART IF, OTHER SIGN COULD THE OF INJURY ABOUT 0. m. Unknown 21. I certify that I to opinian death results ACTUAL SIGNATURE	DUE TO bich bich ching DUE TO (c) NIFICANT CONDI SING Baby Month, Day, Year 19 aok charge ed from: Ne	DESCRIBE P S fac 20d. IN. While of work af the re latural ca	HOW INJURY OCCURED OF WAS IN A JURY OCCURRED Of work mains described uses [], Accid	irec Place foctory irib abave	t contact OF INJURY (Home, for, street, affice bidg., etc.), sheld an Autap., Suicide,	with the rm. 20% (City of City	pillow priown) pern, Md pection M	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART I, DEATH WAS IMMEDIA QUE TISE to immediate ca (a), stating the underly cause tost. PART II, OTHER SIGN 200. EXTERNAL CAUSE WAY PRIMARY DOOR CONTRIBUT CAUSE OF DEATH. 20c. TIME OF INJURY A Hour a.m. Unknown 21. 1 certify that 1 to opinian death results ACTUAL SIGNATURE	DUE TO bich bich ching DUE TO (c) NIFICANT CONDI SING Baby Month, Day, Year 19 aok charge ed from: Ne	DESCRIBE P S fac 20d. IN. While of work af the re latural ca	HOW INJURY OCCURED OF WAS IN A JURY OCCURRED Of work mains described uses [], Accid	irec Place foctory irib abave	t contact OF INJURY (Home, for, street, affice bldg., etc., street, affice de de la contact de la co	with the rm. 20f. (City of c.) Ser Homicide EXAMINER CAL EXAMINER	pillow r town) pern, Md spection [] Undete	(Coun	Sudd	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate co (e), stating the underly cause tast. PART If, OTHER SIGN 200. EXTERNAL CAUSE WAPPRIMARY BOOT CONTRIBUT 200. TIME OF INJURY Hour a.m. Unknown 21. I certify that I to pinian death results ACTUAL SIGNATURE EXAMINER'S NAME (Typfustave)	DUE TO bich bich ching DUE TO (c) NIFICANT CONDI SING Baby Month, Day, Year 19 aok charge ed from: No	DESCRIBE H DESCRIBE H 20d. In. While of work af the re latural ca	HOW INJURY OCCURED TO DEATH AND INJURY OCCURRED TO ON White of work and work to work the control of wo	irec e. PLACE factory rib d abave	t contact OF INJURY (Home, for, street, office bidg., et (Home) , held an Autap , Suicide [], ASSISTANT MEDICAL DEPUTY MEDICAL	with the m. 20f. (City of City) Set Osy , Institute EXAMINER CAL EXAMINER L EXAMINER	pillow rern, Md spection [] Undete	(Country (Co	Sudd	AUTOPSY DRMED? NO [
PART f. DEATH WAS IMMEDIA 9 2 40 Conditions, if ony, wh gove rise to immediate co (a), stating the underly cause tost. PART If, OTHER SIGN 200. EXTERNAL CAUSE WAY PRIMARY DOOR CONTRIBUT 200. TIME OF INJURY A Hour a.m. Unknown 21. I certify that I to opinian death results ACTUAL SIGNATURE EXAMINER'S NAME (Typfustave) 120. BURIAL, CREMATION, 226 REMOVAL (Spegify)	DUE TO DUE TO Sing DUE TO (c) NIFICANT CONDITION SING Baby Month, Day, Year 19 aok charge ed from: New Clast H. Faut DATE THEREOF	DESCRIBE H DESCRIBE H 20d. In. While of work af the re latural ca	HOW INJURY OCCURIED TO DEATH HOW INJURY OCCURRED TO OT WORK TO OT WORK TO OT WORK TO OT WORK TO OTHER	RED. (Enter line)	t contact of injury in Port contact of injury (Home, for, street, office bldg., etc., etc.) Home) , Suicide, ASSISTANT MEDICAL INTERPUTY MEDICAL INT	with the m. 20f. (City of City) Set Osy , Institute EXAMINER CAL EXAMINER L EXAMINER	pillow r town) pern, Md spection [] Undete	(Country (Co	Sudd	AUTOPSY DRMED? NO [
PART f. DEATH WAS IMMEDIA QUALITY OF THE PROPERTY OF THE PROP	DUE TO DUE TO Solith OUE TO (c) NIFICANT CONDITION SING Baby Month, Day, Year 19 aok charge ed from: New Clast H. Fault DATE THEREOF Arch 29,	DESCRIBE H DESCRIBE H 20d. In. While of work af the re latural ca	HOW INJURY OCCURED TO DEATH AND INJURY OCCURRED TO ON White of work and work to work the control of wo	RED. (Enter line)	t contact of injury in Period of Injury in Inj	Sex Saminer Calexaminer Calexa	pillow or town) Tern, Md spection () Undete	(County)	Sudd I(o) 19. WAS PERFI YES II(y) DATE (Sta	AUTOPSY DRMED? NO (Stote)
PART f. DEATH WAS IMMEDION OF THE PRIMARY DATE OF DEATH. 200. EXTERNAL CAUSE WAS PRIMARY DATE CONTRIBUTE CAUSE OF DEATH. 200. TIME OF INJURY A HOUR OF THE PRIMARY DATE OF DEATH. 201. I certify that I to opinian death results IGNATURE EXAMINER'S USE EXAMINER'S USE OF DEATH. 210. I certify that I to opinian death results IGNATURE EXAMINER'S USE OF DEATH. 210. BURIAL, CREMATION, 226. 220. BURIAL, CREMATION, 226. REMOVAL (Specify)	DUE TO DUE TO Solith OUE TO (c) NIFICANT CONDITION SING Baby Month, Day, Year 19 aok charge ed from: New Clast H. Fault DATE THEREOF Arch 29,	DESCRIBE H DESCRIBE H 20d. In. While of work af the re latural ca	HOW INJURY OCCURED OF WAS IN A JURY OCCURRED Of work OF CEMETE TALL ME OF CEMETE	RED. (Enter line)	Tentact OF INJURY (Home, for, street, office bldg., et (Home) The contact The contact OF INJURY (Home, for, street, office bldg., et (Home) The contact The contac	with the m. 20f. (City of City) Set Osy , Institute EXAMINER CAL EXAMINER L EXAMINER	pillow pridwn) pern, Md spection K , Undete	(Country (Co	Sudd I(o) 19. WAS PERFI YES IV) DATE (Sto	AUTOPSY DRMED? NO [

OF A PROPERTY OF THE OF DEATH description, make profession MING CONTINU Acherne Fold V. B. St. Sch Junggraff . to lidy eat only become down to at any cont at day. ET ATTION OF MANY PROPERTY. and indentification, sameth, K. a.